

Dayton M.A.D.E.

Photo Release Form

I give permission for the participant listed below to be recorded, photographed and/or videotaped by or for UES, Eqlipse Technologies, BioMADE, or their representatives. UES, Eqlipse Technologies, or BioMADE may distribute the materials on social media, organization websites, and in various marketing materials.

I also understand that this permission to use the image, voice and/or likeness of the participant is not limited in time and that I will not receive compensation for granting this permission.

I acknowledge that UES, Eqlipse Technologies, and BioMADE have no obligation to use the names, images, voices and/or likeness of the participant in any materials, but if they so decide to use them, I waive any monetary right and the right to inspect or approve any such use.

Participant Name _____

Parent or Guardian Name _____

Parent or Guardian Signature _____

Date _____

Please upload this form with the online application (www.ues.com/daytonmade) or email it to DaytonMADE@eqlipsetechnologies.com.