Photo/Video Release Form

End Domestic Abuse Wisconsin: the Wisconsin Coalition Against Domestic Violence, Inc.
1400 East Washington Ave, Suite 227
Madison WI 53703
608.255.0539

I will be attending the 2020 Teen Summit, taking place between February 23, 2019 and February 25, 2020 at Chula Vista Resort & Waterpark in Wisconsin Dells. I give my consent for my image to be photographed and recorded and for any images or video to be used by End Domestic Abuse Wisconsin (End Abuse).

I also grant the absolute and irrevocable right and unrestricted permission concerning any photographs and video taken and used by End Abuse, including in brochures, slideshows, social media and website.

I release and discharge End Abuse from any and all claims and demands that may arise out of or in connection with the use of photographs or videos taken at the Summit.

While I do in fact give this consent, I understand that I had the right not to sign this form and not to give consent for the use of my image. If I do not give consent for the use of my image, I should not sign this form.

Name of the person attending the Summit

________________________________________
Signature of the person attending the Summit

________________________________________

IMPORTANT if the person named and signing above is under 18, the person’s parent or legal guardian should complete this section.

☐ I am the parent or legal guardian for the minor named above, and I agree with and also give consent for the use and distribution of the images as described above.

Name of the parent or legal guardian of the person appearing in the photo:

________________________________________
Signature of the parent or legal guardian of the person appearing in the photo and date: