Step It Up, LLC. Photography and Video Release Form

Video/Photo Release Form – Minor (under age 18)

I hereby grant Step It Up and its employees, agents and assigns the right to photograph and film my dependent and use these photographs of my dependent and the recording of his/her voice and or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print (bulletins, brochures, newsletters, ads, etc.), digital or electronic publishing online on the Step It Up website or affiliates. Furthermore, I consent that such video and audio may be used free and clear of any claim on my part. I understand that the term "photograph" as used herein encompasses both still photographs and motion picture footage. I understand that Step It Up will exercise the utmost discretion in the use of this video and will not provide this video to any outside group without my consent and permission.

Child's Printed Name:
Address:
Phone(s):
Date:
Child's Signature:

I certify that I am a custodial parent and have the aforementioned rights to assign.

Print Name of Parent or Guardian:
Address: (if different from above)
Date:
Signature of Parent or Guardian:

Video/Photo Release Form – Adult

I hereby grant Step It Up and its employees, agents and assigns the right to photograph me and use these photographs of myself and the recording of my voice and or other digital reproduction of me or other reproduction of my physical likeness for publication processes, whether electronic, print, digital or electronic publishing online on the Step It Up website and affiliates. Furthermore, I consent that such video and audio may be used free and clear of any claim on my part. I understand that the term "photograph" as used herein encompasses both still photographs and motion picture footage. I understand that Step It Up will exercise the utmost discretion in the use of these images and will not provide these images to any outside group without my consent and permission.

Print Name:
Address:
Phone(s):
Signature: Date: