



RELEASE FORM

I, _____, hereby grant permission to the **Bonnie Fang Foundation (BFF)**, the rights of my image, in video or still, and of the likeness and sound of my voice as recorded on video, approved biography and any question responses from my application materials to use on their website in the event I am selected as the scholarship recipient. I understand that my image may be edited, copied, exhibited or published and waive the right to inspect or approve the finished product wherein my likeness appears.

The above mentioned may be used for ANY USE which may include but is not limited to:

- Promotion of scholarship recipient;
- Website video;
- Media;
- News (Press);

By signing this release, I understand this permission signifies that photographs or video recordings of me, my voice, approved biography and any question responses from my application materials may be electronically displayed via the BFF website, newsletters, media, or other news (press) outlets.

I will be consulted about the use of the photographs or video recording, my voice, approved biography and any question responses from my application materials for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

This release applies to the collected aforementioned materials as part of the sessions listed on this document only.

By signing this release, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against the Bonnie Fang Foundation and any person affiliated with the Bonnie Fang Foundation utilizing this material.

Full Name _____

Street Address/P.O. Box _____

City _____ State _____ Zip Code _____

Phone _____ Cell Phone _____

Email Address _____

Signature _____ Date _____

If this release is obtained from a presenter under the age of 19, then the signature of that presenter's parent or legal guardian is also required.

Parent's Signature _____ Date _____