



CONNECTICUT WOMEN'S HALL OF FAME

RELEASE FORM

I hereby grant to the Connecticut Women's Hall of Fame ("CWHF") permission to use my/my child's name and likeness in a photograph, video, digital representation or other format, and any accompanying narrative (collectively "Submission") in any and all of its presentations and publications, including, but not limited to, at meetings, gatherings, induction ceremonies, on Internet websites, web-based publications, social media postings (including, without limitation, YouTube, Facebook, Instagram, Twitter), or in any other forum, platform or manner whether currently known or hereafter developed, without any payment or other manner of remuneration or other consideration.

I acknowledge that CWHF is and will be the sole owner of all rights, including all copyrights, in the Submission for all purposes, and that I shall not be entitled to receive any compensation whatsoever in connection with the use of the Submission, or for any derivative work thereof, or the exercise of any of the rights granted to CWHF herein.

I hereby irrevocably authorize the Connecticut Women's Hall of Fame to edit, alter, copy, exhibit, publish, or distribute the Submission for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my Submission appears. Additionally, I waive any right to royalties or other compensation arising or related to any use of the Submission.

I hereby hold harmless, release, and forever discharge CWHF from any claims, demand, causes of action or liability arising out of use of my/my child's name, likeness, or photograph, and narrative information submitted, including but not limited to any claims for defamation, libel, invasion of privacy, violation of the rights of privacy or publicity, or moral rights that I/my child, or anyone acting on behalf of me/my child have, or may ever have, by reason of this Release.

I HAVE READ AND UNDERSTAND THE ABOVE RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIANS AS EVIDENCED BY THEIR SIGNATURES BELOW.

Print Name: _____

Signature: _____ | Date: __ / __ / ____

If under 18, both parents must sign individually and as parent/guardian.

Parent Signature: _____ | Date: __ / __ / ____

Parent Signature: _____ | Date: __ / __ / ____