

TEX STYLE CORVETTES Authorization for Use of Photo and Videography EVENT: **BIG CIY RACE**

This form gives permission for **TEX STYLE CORVETTES** to use and/or disclose (release) the photos and/or video of the individual below as follows:

Name: _____ Date of Birth: _____
_____ Last First Middle Address:

_____ Address City State/Zip Primary contact e-mail:
_____ Phone: () _____

Information to Use/Disclose

TEX STYLE CORVETTES may use/disclose the following pictures, video about the individual: (Select all that apply)

Photographs: Video recordings Audio recordings

Name and Car Style: Of Participants and all parties involved while in the race, make and model of vehicle and City of residence.

All the above

Other: _____

Purpose of Use/Disclosure

TEX STYLE CORVETTES may use/disclose this photo/video for the purposes described below: (Select all that apply) **TEX STYLE CORVETTES** communications, such as for marketing, advertising, public relations, fundraising, or other related purposes. This may include publications (print or electronic), presentations (at public or private events, on television), or internet sites (e.g., **TEX STYLE CORVETTES** websites, partner websites, or social media sites). The media, including print or television journalists. Professional audiences, such as publications (print or electronic), presentations or related internet sites. All of the above Other:

_____ By signing below, I authorize **TEX STYLE CORVETTES** to use and/or disclose the photo and/or video specified in this authorization and confirm to the best of my knowledge that I am legally authorized to represent the interests of this individual. **TEX STYLE CORVETTES** will not condition payment on this signed condition. The information and media used and/or disclosed as a result of this authorization may be subject to re-disclosure by the person or entity receiving

such information. At that point, it is no longer protected by the federal privacy regulations. **TEX STYLE CORVETTES** is not responsible for the use of information, in whole or in part, by third parties.

Any photos, images, or other representations specified above become the property of **TEX STYLE CORVETTES** or its representatives. This authorization is given without promise of compensation. The parent/legal guardian and the individual release to **TEX STYLE CORVETTES** any right, title and/or interest of any kind they may have in the information or images produced.

I understand that I may withdraw this authorization at any time. Notification of withdrawal must be done in writing only and sent to **TEX STYLE CORVETTES 6023 FM 521 Arcola Texas**. This authorization will not be withdrawn or expire for situations where **TEX STYLE CORVETTES** has already taken action as described in this authorization. This authorization will only expire if revoked by me in writing as stated above.

Signature: _____ Date:

Printed name: _____

This form must be signed and dated to be valid. If the individual is an emancipated minor or 18 years of age or older, s/he is required to sign the authorization. A copy of this authorization must be provided to the individual completing this form.

__1st Copy - Event Organizer: TEX STYLE CORVETTES TEX STYLE CORVETTES

TEX STYLE CORVETTES (tr) 03/2019

