



MOUSE Squad of California, ASPIRANET Media Release

Authorization for Use and Disclosure of Image, Name, Quotations and Written Feedback of an Adult Or Non-Dependent Minor Only

I, the undersigned adult individual, agree as follows:

- A. I hereby authorize Aspiranet and its agents, affiliates, licensees, successors and assigns (herein collectively called "Aspiranet") to use my name, city and state of residence, photograph and likeness in brochures, advertisements, periodicals, products or other online or print materials, in connection with advertising, marketing, promoting and publicizing Aspiranet in any manner or form throughout the world (the "Advertisements"). I understand that Aspiranet may receive donations, grants or other payments due to the Advertisements and I will have no right to any payment or any part of such donations, grants or other payments that Aspiranet receives.
- B. I understand that the advertisements will be disclosed by Aspiranet to the public and that the public will be permitted to re-disclose this information. I understand that information disclosed pursuant to this authorization may be re-disclosed and might no longer be protected by federal confidentiality law (HIPAA) or state privacy laws.
- C. I understand that this authorization will expire on the date that is fifty (50) years from the date of this authorization and that Aspiranet predicts that fifty (50) years will be the useful life of any Advertisements that Aspiranet may create using my name, city and state of residence, photograph and likeness.
- D. _____ (initials) I understand that my actual first name may be used in the Advertisements.
- E. _____ (initials) I understand that my actual last name may be used in the Advertisements.
- F. I understand that I may refuse to sign this Authorization, and Aspiranet will not withhold any of their services from me.
- G. I understand that I may revoke this authorization at any time, but that Aspiranet will be allowed to continue to use my name, city and state of residence, photograph and likeness to the extent that Aspiranet has relied on this authorization. For example, if Aspiranet has already printed brochures, Aspiranet will be allowed to use them with my picture even if I later object. I understand a revocation must be in writing, signed by me or on my behalf, and be delivered to one of the Aspiranet offices.

Signature: _____

School/District: _____

Print Name: _____

Company or Organization: _____

Date: _____

County: _____

Witness: _____

If the above named individual is a minor under the age of 18, the signature of the minor's parent or legal guardian is required.

Signature of Parent or Legal Guardian