



## Vision Quilt Media Release

**VISIONQUILT**

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PO Box 3192  
Ashland, OR 97520

Thank you for participating in the Vision Quilt Project!

We are videoing and photographing the making of the Vision Quilt in order to promote the project across the United States. By signing this release you are helping us spread the word. If you do not wish to be photographed or videoed, please let us know and we will honor your request. Thank you.

1. I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and I waive the right to inspect or approve the finished product wherein my likeness appears. I also understand that this material may be used in diverse settings within an unrestricted geographic area.
2. By signing this release I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public educational setting.
3. I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.
4. There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.
5. This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.

By signing this form I acknowledge that I have completely read and fully understand the above release and I agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

Full Name \_\_\_\_\_ Date \_\_\_\_\_

Street Address/P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

If this release is obtained from a presenter under the age of 18, then the signature of that presenter's parent or legal guardian is also required.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

THANK YOU SO MUCH for participating in the Vision Quilt!!!

We will send you email updates about the project as it makes its way across the United States.