

CONSENT AND RELEASE FORM

Full Name of Participant (please print)

I, the undersigned, hereby authorize Challenger Learning Center of Maine (Challenger) to photograph, record, and re-record my likeness, activity and voice. I consent to the use of my image, likeness, voice, activity, and biography for purposes including but not limited to program and institutional publicity, supplementary literary material, promotional presentations, and all other print and broadcast purposes supporting Challenger programs. I waive any right to inspect or approve the finished product and give permission to Challenger to edit and adapt my participation, as it deems appropriate.

I further relinquish to Challenger all rights, title and current and future interest I may have in still photographs, videotapes, sound recordings, negatives, prints, reproductions, and copies of the originals. I understand and consent that these items belong entirely and exclusively to Challenger. I give my permission for Challenger to copyright this material so that the Challenger Center for Space Science Education and its licensee and assigns may duplicate, distribute, broadcast, exhibit, or otherwise use any portion of it without limitation or restriction throughout the world in perpetuity. I intend to be legally bound by this release.

(NOTE: Failure to sign this form will not exclude you from participating in the activities at the Challenger Center. We will simply honor your right to not be photographed or interviewed.)

Signature (if 18 years of age or older)		
Email*		
Address		
City/State/Zip		
Phone	Cell	
Name of school		
the agreement, authorization, and release	guardian of the minor named above. I have before affixing my signature below, and warr agree to be legally bound by this document	ant that
Full Name or Parent/Guardian (please prir	t)	
Signature of Parent/Guardian		
Date		
*Email address is used only by Challenger for	sending periodic e-newsletters and updates on progr	ams.

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