



I, the undersigned, hereby authorize EQLAB to photograph me, take motion pictures of me, take video footage of me, and/or make electronic sound recordings of me (herein referred to as photographic or electronic reproductions).

I authorize the use of any such photographic or electronic reproductions of me for any purpose, including, but not limited to educational and other public media as may be deemed appropriate by EQLAB (I understand that I may be identifiable from such photographic or electronic reproduction). I agree that all rights to the sound, still, or moving images belong to EQLAB.

Agreed and accepted by:

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Signature / Date

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Print Name

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Title

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Parent Signature and Name (if Minor) Phone Number

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Email

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Phone