



PERSONAL RELEASE

Program: The Iowa Coalition Against Domestic Violence (ICADV), for all of its programs, initiatives or work, including but not limited to *DELTA PREP*, *DELTA FOCUS*, *Let Your Voice Be Heard*, and *Healthy Relationship Classes*.

ICADV can have and use the submitted video: For good and valuable consideration, receipt of which is hereby acknowledged, I hereby irrevocably grant to ICADV and its agents, licensees, successors and assigns, the unrestricted right to record, copyright, publish and use my name, likeness, image, voice, biographical and other materials provided by me to the ICADV, and my participation in and performance on film or any other medium now or after known (collectively, the “Materials”), for use in any ICADV Program or parts of it, and in connection with the promotion or advertising of the Program.

I agree that all recordings of the Materials, including but not limited to my voice and likeness, used and taken by the ICADV shall be owned by the ICADV and that the ICADV may copyright any materials containing them. If I should receive any print, negative or other copy of them, I shall not authorize its use by anyone else.

I understand and agree that the Materials may be made available to publicly accessible internet blogs and websites, including those maintained by ICADV, as well as social media networks like Facebook and YouTube, and therefore shared across a variety of internet platforms.

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Release of liability: I represent that I have the right, capacity, and authority to enter into this Agreement (the "Agreement") and that my participation and performance and the rights I have granted in this Agreement will not conflict with or violate any commitment or understanding I have with any other person or entity.

I hereby release and agree to indemnify and hold harmless the ICADV from and against any and all claims, actions, losses, expenses and liabilities of every kind, including reasonable attorney's fees, arising out of the inaccuracy or breach of any provision of this Agreement. I expressly release and agree to indemnify and hold harmless ICADV from any and all claims arising out of the use of the Materials or the ICADV Programs, including but not limited to liability for invasion of any personal property or privacy right.

I acknowledge that I have read this Release prior to signing it and that I understand its contents. This Agreement represents the entire understanding of the parties, may not be amended unless mutually agreed to by both parties in writing, and will in all respects be governed by and interpreted, construed and enforced in accordance with the laws of the State of Iowa.

Participant Signature _____ Date: _____

Print Name: _____

Address: _____ City, State, Zip: _____

Phone and/or Email (optional): _____

I represent that I am the parent and/or guardian of the minor who has signed above or is the participant in the Program. I agree that we both shall be bound by this Agreement.

Parent/Guardian _____ Date: _____