

Personal Release Form

*Summer Institute of
Technology*

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This will confirm that I have agreed to be photographed by *Summer Institute of Technology* and its successors (hereinafter called the PRODUCER) and that the PRODUCER will own any and all rights to said photography of me on film, disk, or videotape while attending:

DODGE CITY SUMMER INSTITUTE
FOR TECHNOLOGY
DODGE CITY PUBLIC SCHOOLS
JUNE AND JULY OF 2009

I now waive, as to the producer and its successors, assignees and licensees, all personal right and objections to any use to be made of me, my name or my personality in connection with the use of any photography containing my photograph for any and all motion picture, video, web, multimedia and advertising purposes.

I understand that I am to receive no compensation for my participation in the photography described above.

DATE: _____

SIGNATURE: _____

PRINT NAME _____

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