



## **PROMOTIONAL AUTHORIZATION RELEASE FOR SCHOLARSHIP APPLICANTS**

Date: \_\_\_\_\_

For good and valuable consideration, receipt of which is hereby acknowledged, I, the undersigned, hereby irrevocably consent to the unrestricted use by Pediatrics in Brevard, its affiliates and others it may authorize, my name, likeness, still photography and video images, and essay submitted to Pediatrics in Brevard to be used for editorial purposes, advertising or trade, including, without limitation, any and all Newspaper, Television, and/or Social Media advertising or promotional uses, in all media now in existence or hereafter developed.

I understand that this release does not restrict whatever rights Pediatrics in Brevard, has by law.

PRINT FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

*(If the subject is less than 18 years old, this release must be signed below by a parent or legal guardian)*

I, the undersigned, being the parent or legal guardian of the person whose name appears above, do hereby consent to release and uses above.

PRINT FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_