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## NCTE Subject Release Consent Form

I, the undersigned, do hereby consent to the use, by the National Council of Teachers of English ("NCTE") and its related organizations, of my likeness, including my image, voice, or other characteristics of my identity ("likeness"), for the project described below.

I waive all rights of publicity and rights of privacy and claims to compensation or damages based on the use of my likeness by NCTE, even if such use may be judged to be commercial or revenue generating for NCTE's benefit.

I grant NCTE the right to edit or manipulate my likeness as required for the project and I waive any right to inspect or approve any finished work prepared by NCTE that incorporates my likeness.

I agree that all such media incorporating my likeness and any reproductions thereof, and all plates, negatives, recordings, copies, and digital files shall remain the property of NCTE.

I understand that this consent is perpetual, that I may not revoke said consent, and that this release is binding on my heirs and assigns.

I further attest that I have read this consent form, was provided an opportunity to consult with an attorney, and fully understand these terms.

| rroject:                     |                            |                             |                        | <del></del>         |  |
|------------------------------|----------------------------|-----------------------------|------------------------|---------------------|--|
| Signature of Releasor:       |                            |                             | Date:                  |                     |  |
| Printed Name of Releaso      | r:                         |                             |                        |                     |  |
| Address of Releasor:         |                            |                             |                        |                     |  |
|                              | Street                     | City                        | State                  | Zip                 |  |
| Email of Releasor:           |                            |                             |                        |                     |  |
| Minor Subject – If under     | the age of 18              |                             |                        |                     |  |
| Name of Minor (please p      | rint)                      |                             |                        |                     |  |
| Relationship of Releasor     | to Minor:                  |                             |                        |                     |  |
| Authorization: To be con     | npleted by parent or guard | lian of above-named min     | or.                    |                     |  |
| By my signature below, I     | warrant that I am the pare | nt or legal guardian of the | e Minor whose likeness | s is the subject of |  |
| this release and that I have | read and understood its to | erms.                       |                        |                     |  |
| Signature of Parent or G     | uardian:                   |                             | Date:                  |                     |  |
| Printed Name of Parent       | or Guardian:               |                             |                        |                     |  |
|                              |                            |                             |                        |                     |  |