



**Marketing Release Form**

I hereby grant Big Shoulders Fund and its partners permission to film, photograph, video record, and otherwise record my image (collectively the 'Recording') and the perpetual right to use the Recording in association with marketing purposes without any additional consideration.

I shall have no right of approval and no legal claim arising out of any use or editing of the recording or my name. Big Shoulders Fund shall have no obligation to use any of the rights I grant. I represent that it is not necessary for Big Shoulders Fund to obtain permission from or to pay any third party in connection with the rights granted in this paragraph.

**Student's Printed Name:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

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

**School:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

*If student is under 18 years of age, a parent/guardian signature is required.*

**Parent/ Guardian Printed Name:** \_\_\_\_\_

**Parent/ Guardian Signature:** \_\_\_\_\_

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

Please return completed form to \_\_\_\_\_ via email at \_\_\_\_\_  
\_\_\_\_\_ or via fax at 312.751.5235.