



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.