



CONSENT FOR RELEASE OF AUDIO, PHOTOGRAPH, VIDEO

I represent that I am the parent or guardian of the minor child listed below and hereby give my consent to the Society for Neuroscience (SfN) to use the photographs, digital images, and our video/audio recordings of my child with in the "Media Content" named below. I understand that any such Media Content, and all rights associated with them, will belong solely and exclusively to SfN, which shall have the absolute right to copyright for perpetuity, duplicate, reproduce, alter, display, distribute, license to third party and/or publish them in any manner, for any purpose, and in any form including, but not limited to, print, electronic, video, and/or Internet.

I hereby waive, release and forever discharge SfN from any and all claims or liability arising from the use of my child's photograph for the above purposes. This authorization is continuous and may only be withdrawn by my specific and written rescission of this authorization.

I represent that I am the parent or guardian of the minor listed below and that I have the full legal capacity and right to execute this releases and grant the rights granted herein and that this consent is sought in my native language.

Media Content: _____

Child's Name

Child's Date of Birth

Signature of Parent/Guardian

Date