I hereby grant Parent to Parent of Pennsylvania (P2P of PA), a program of the Tuscarora Intermediate Unit 11 (TIU 11), permission to use my likeness and/or name in any photograph, image, video, motion picture, performance or sound recording (collectively referred to herein as my "Likeness") for purposes related to its mission of parent support, in any and all of its productions, including website and other electronic or print media, without payment or any other consideration.

I understand and agree that these materials will become the property of Parent to Parent of PA and will not be returned. I hereby irrevocably authorize P2P of PA to edit, alter, copy, exhibit, publish, or broadcast my Likeness at any time by means of any media, including print, video presentations, television, radio and satellite transmissions or rebroadcasts, news bulletins, mailers, billboards or signs, brochures, website placements, podcasts or other digital delivery or publications.

I hereby irrevocably authorize P2P of PA to edit, copy, exhibit, publish or distribute the video and attendant materials for the purpose of enhancing the mission of parent support of P2P of PA. In addition, I waive any right of privacy associated with the Likeness as well as the right to inspect or approve the finished product, including written or electronic copy, wherein my Likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my Likeness.

I hereby hold harmless and release and forever discharge P2P of PA from all claims, demands, and causes of action, which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have because of this authorization.

I am at least 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

________________________________________  __________________________
Printed Name of Individual                  Signature

________________________________________
Date

This release must be signed by a parent or guardian for any individual under 18 years of age.

I, the parent or guardian, have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

________________________________________  ______________________________________
Printed Name of Minor                          Printed Name of Parent/Guardian

________________________________________  __________________________
Signature of Parent/Guardian                  Date