

Personal Release Form



I,(Print Name),
do hereby grant i-SAFE Ventures Digital Learning, including (without limitation) its principals, employees,
agents, affiliates, contractors, successors and assigns, permission to use my likeness, voice, picture, name, and a sign of the contractors are contractors.
or intellectual property ("content") for print, radio, webcast, film, television or Internet broadcast anywhere
throughout the United States and the world, and to edit such material on film or videotape or other media for-
mats. I have been advised that the content is being used for educational and/or community-outreach purposes
associated with e-Safety education and programming.

I release i-SAFE Ventures Digital Learning, including (without limitation) its principals, employees, agents, affiliates, contractors, successors and assigns, from any claim(s) I may have with respect to the content (pictures, film, or video, etc.). I also understand there will be no compensation paid to me for this service/content.

Signature		> ////	Date	
Street Address			7 >	
City	State	Zip Code	Telephone	

Parent's Signature

Signature of parent or guardian is required if person is under 18.

Mail or fax this completed form to: i-SAFE Ventures Digital Learning

6189 El Camino Real Suite 201 Carlsbad, CA 92009 Fax #: (760) 603-8382

