



Photo/Media Release

Liberator Ltd

Name of person/s in photo: _____

Name of Parent or Guardian if under 18: _____

I/we _____ hereby grant to Liberator Ltd and persons acting for or through them the right to reproduce, assign or distribute photographs, films, written material, videotapes and sound recordings of myself/my child for use in materials they may create. These materials may be used worldwide.

Date _____

Signature

Guardian/Parent

Please return signed document to:

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