

VIDEO/PHOTOGRAPH RELEASE FORM

I hereby grant the Puerto Rico Science, Technology and Research Trust (the "Trust") the irrevocable right and permission to use photographs and/or video recordings of me on Trust and other websites and in publications, promotional flyers, educational materials, derivative works, or for any other similar purpose without compensation to me.

I understand and agree that such photographs and/or video recordings of me may be placed on the Internet. I also understand and agree that I may be identified by name and/or title in printed, Internet or broadcast information that might accompany the photographs and/or video recordings of me. I waive the right to approve the final product. I agree that all such portraits, pictures, photographs, video and audio recordings, and any reproductions thereof, and all plates, negatives, recording tape and digital files are and shall remain the property of the Trust.

I hereby release, acquit and forever discharge the Trust, its current and former trustees, agents, officers and employees of the above-named entities from any and all claims, demands, rights, promises, damages and liabilities arising out of or in connection with the use or distribution of said photographs and/or video recordings, including but not limited to any claims for invasion of privacy, appropriation of likeness or defamation.

I hereby warrant that I am twenty-one (21) years old or more and competent to contract in my own name or, if I am less than twenty-one years old, that my parent or guardian has signed this

release form below. This release is binding on me and my heirs, representatives.	assigns and personal
Signature of Individual Photographed/Recorded	Date
Printed Name of Individual Photographed/Recorded	
If individual photographed/recorded is under twenty-one (21) years old must be completed: I have read and I understand this document. I under binding on me, my child (named above), our heirs, assigns and persacknowledge that I am twenty-one (21) years old or more and that I am the child named above.	erstand and agree that it sonal representatives. I
Signature of Parent/Guardian of Individual Photographed/Recorded	Date

Printed Name of Parent/Guardian