



VISIONARY INTEGRATION PROFESSIONALS, LLC VIDEO RELEASE FORM.

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I understand and agree that all WITS (Women in Technology Scholarship) scholarship video submissions will become the property of Visionary Integration Professionals, LLC and will not be returned.

I hereby irrevocably authorize Visionary Integration Professionals, LLC to exhibit, publish, or distribute my WITS scholarship video submission for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness and/or WITS scholarship video submission appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the WITS scholarship video submission.

I hereby hold harmless, release, and forever discharge Visionary Integration Professionals, LLC 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 by reason of this authorization.

I HAVE READ AND UNDERSTAND THE ABOVE WITS SCHOLARSHIP VIDEO SUBMISSION RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIANS AS EVIDENCED BY THEIR SIGNATURES BELOW.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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Parent/Guardian Signature (if under 18) \_\_\_\_\_ Date \_\_\_\_\_