



BRAIN Initiative Challenge MEDIA RELEASE FORM

Photograph, Video Recordings,
and/or Sounds Recording

AUTHORIZATION AND RELEASE

I, _____ (Releasor) hereby grant the National Institute of Neurological Disorders and Stroke (NINDS) and its partners in the Challenge, the right to publish or use any photographs, video recordings, sound recordings, or any part thereof, that are included as part of the Submission by _____ (Submitter) as part of this Challenge in which I or a minor under my legal guardianship _____ (the Minor) have been included visually or audibly, for any lawful purpose in conjunction with my or the Minor's own name, or in reproductions thereof color or otherwise.

I hereby warrant that I have every right to provide this authorization and release in the above regard on my own behalf, or on behalf of the Minor. I state further that I have read the above authorization and release, prior to its execution, and that I am fully familiar with the contents thereof.

Submitter Name:

RELEASOR

By: _____
Name (if under the age of 18, the Parent or Legal
Guardian)

Date

Project Name

Address and telephone number