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# AUTHORIZATION FORM

## PUBLIC RELEASE

I hereby grant Holistic Elevation LLC permission to use any photos, recorded (audio or video) and written materials created to be used for promotional purposes at the discretion of Holistic Elevation LLC.

In addition, I waive the right to inspect or approve the finished product, including written or digital copy, where my likeness appears. Additionally, I waive any right to royalties or other compensation for such use. I release Holistic Elevation LLC, its employees, agents, successors, and assigns, from all claims arising out of such use, including claims of blurring, distortion, or alteration in any processing of final work. I hereby hold harmless and release and forever discharge Holistic Elevation 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 am 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

\_\_\_\_\_

(Parent/Guardian's Printed Name)

\_\_\_\_\_

(Parent/Guardian's Signature)

\_\_\_\_\_

(Date)

\_\_\_\_\_

(Printed Name)

\_\_\_\_\_

(Signature)

\_\_\_\_\_

(Date)

*If the person signing is under age 18, there must be consent by a parent or guardian, as follows:* I hereby certify that I am the parent or guardian of \_\_\_\_\_, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

## Holistic Elevation LLC

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