**Video Release Form**

I hereby grant permission to the Sri Sathya Sai World Foundation and its affiliates and their assignees to use my video clip on Spiritual Transformation and also the sound of my voice as recorded on video for any purpose they consider necessary without payment or any other consideration. I understand that my image and/or voice may be edited, copied, exhibited, published, distributed, etc. on all media formats and I agree to waive the right to inspect or approve the finished product wherein the same are used. Additionally, I waive any right to any royalties or other benefit / compensation arising or related to the use of my image or recording as aforesaid. I understand that this material and finished product may additionally be used in diverse educational / spiritual settings. I agree the use of the foregoing in an unrestricted geographic area.

My video recording may be used for a number of purposes, including the following:

* conference presentations
* educational presentations or courses
* informational presentations
* on-line educational courses
* promotional videos

I understand this permission signifies that photographic or video recordings of me may be electronically transmitted and displayed on the Internet or otherwise in the public domain for educational / spiritual purposes.

There is no time limit on the validity of this release, which is irrevocable.

I acknowledge that I have read and understood the above release and agree to be bound thereby. I hereby release any and all claims against any person or organisation utilising this material for educational purposes.

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prov/Postal Code/Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

If this release is obtained from a presenter under the age of 18, then the signature of that presenter’s legal guardian is also required.

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_