



RELEASE FORM

I, [NAME OF SUBJECT / PARENT / GUARDIAN] _____
(the "Licensor"), give my permission to include any images, video clips, audio files, biographical information, and interview quotations from which I [OR NAME OF CHILD] may be identified (the "Material").

In [TITLE OF WORK] (the "Work") to be published by EDU, Inc., Common Black College Application or one of its designated Licensees ("Publisher").

I grant Publisher the right to use this Material

- in the Work and in any related derivative and ancillary Works published by Publisher or its licensees • for worldwide distribution
- in all formats and platforms in any and all media now known or hereafter developed
- in all editions, for the life of those editions without restriction
- in all languages
- in advertisements and promotional materials for the Work.

I represent and warrant that (i) I am the sole owner of all copyright, trademark, and other intellectual property and proprietary rights in and to the Material, (ii) Publisher's publication of the Material as authorized herein will not violate or infringe any copyright, trademark, or other intellectual property or proprietary right of any person or entity, and (iii) I am not a party to and the Material is not subject to any contract or arrangement which would conflict with my permission herein.

This Agreement shall be governed by, and construed in accordance with: 1) the laws of the State of Georgia. In relation to any legal action or proceedings to enforce this Agreement or arising out of or in connection with this Agreement each of the parties irrevocably submits to the exclusive jurisdiction of the courts.

Please indicate your agreement by signing and returning this form. In signing, you warrant you have no claim on ground of breach of confidence or on any ground in any legal system against [NAME OF AUTHORS] in respect of the publication of images of, or quotations from, you.

*If the subject is under the age of 16, consent should be given by a parent or guardian and the relationship to the subject indicated.

I/We hereby grant permission for the use of the material requested above.

Print Name of Subject / Parent / Guardian: _____

Signature of Subject / Parent / Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone#: (_____) _____

Date: _____

Please email this form to contact@commonblackcollegeapp.com or fax to (404) 745-0124.