This is a permission slip for pictures to be taken at the Lockheed Martin Aculight Corporation (“Lockheed Martin”) Bothell, WA facility for the Women in Engineering event on 11/9/2018. Each person attending Women in Engineering Day must submit a talent release form. This is the form specifically for the student who will be attending.

**TALENT RELEASE FORM – STUDENT PARTICIPANT**

This agreement is between the LOCKHEED MARTIN ACULIGHT CORPORATION and the signatories below.

As a signatory, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (**parent/guardian name**) hereby grant to Lockheed Martin the absolute right and permission to use \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s (**student name)** likeness from video, film, photograph and digital media – in whole or in part – together with or without written or spoken copy for advertising, publicity or trade purposes. This agreement includes print, World Wide Web, internal Lockheed Martin products, television, or theatrical motion pictures.

I further grant to Lockheed Martin and /or to its employees, agents and assignees the right to reproduce in any manner any audio recording made by Lockheed Martin and/or its employees, agents and assignees of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s (**student name**) voice and all instrumental, musical or other sound effects produced by me.

I hereby waive all my rights to inspect and approve the finished materials, their use or such copy as may be used in conjunction herewith in perpetuity.

I represent that I am over 18 years of age, and the parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**student name**). I also represent that I have read and understand this agreement and have the right to enter into this agreement.

Date:\_\_\_\_\_\_\_\_\_ Student Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Emergency Contact Phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_