



Consent and Release of Liability

I, the undersigned, hereby consent to be photographed, filmed, videotaped and/or interviewed for the Botanical Research Institute of Texas' (BRIT) publication and media. I grant BRIT the right to use my image and name in connection with all uses and waive the right to inspect or approve use of my image and name. I further agree that the materials I have developed as a part of my application for the Wendy Owsley Science Teacher Award (the "Application") may be copied, used and distributed by BRIT and that I have permission to use any student images and materials contained in the Application. I permit BRIT to copy, use and distribute all or a portion of the Application in all forms and media including advertising and related promotion throughout the world and in perpetuity.

I agree that the Botanical Research Institute of Texas or any other company/organization working with BRIT may copy and use or permit other persons to copy and use the negatives, prints, digital image, video and/or Application containing my image, and words or written materials reflecting my interview for any purposes and in such manner as they may choose, including but not limited to use in informational or promotional materials about any BRIT entity, including:

- Collateral materials
- Internet website
- News coverage by television, newspaper, radio, internet or other media
- Video news releases
- Advertorials
- Internal and external video productions

I understand that I will not be paid or reimbursed in any way for current or future use of my likeness, Application, words or ideas. I hereby give up any right to inspect or approve the finished product or products that may be used in connection therewith or the use to which it may be applied.

I hereby release and agree to defend, indemnify and hold harmless the Botanical Research Institute of Texas, its affiliates and board members, officers, employees, agents, representatives and vendors from any injury claims and/or damages sustained as a result of such photographing, filming, videotaping, use of my Application and/or interviewing, including but not limited to, claims for personal injury, property damage, invasion of privacy and/or breach of confidentiality.

I have read and understand this consent prior to signing.

Signature _____

Name (please print): _____

Address: _____

Phone: _____

Date: _____

Mail Completed Form to:

Botanical Research Institute of Texas
Attn: Education Department
500 E. 4th Street
Fort Worth, Texas 76102-4060