



Operation Kidsight News Media Participant Release Form

The undersigned hereby transfers and grants to the Indiana Lions Eye Bank, Inc. d/b/a Indiana Eye & Tissue Transplant Bank (ILETTB) and Operation KidSight the exclusive right to use and to authorize others to use all or any part of my and/or my child's interview/photograph/videograph in the program or article on Operation KidSight or the ILETTB.

The undersigned also hereby transfers and grants to Operation KidSight and the ILETTB the right to use all or any part of my and/or my child's interview/photograph/videograph in related media such as books, magazines, journals, pamphlets, electronic (internet) and other written and video formats.

The undersigned also hereby releases Operation KidSight and the ILETTB, its members, employees and agents from any and all claims, demands, causes of action, and suits, including, but not limited to claims for invasion of privacy, defamation, breach of contract, or other breach of duty arising out of or in connections with the use of this interview, photograph or video.

Identify purposes to which you agree:

Educational purposes _____ Promotional purposes _____ News Media _____ All _____

Printed name of participant _____

Signature of participant _____

Date _____

If participant is under 21 years of age, this form must be signed by parent or guardian.

Printed name of parent or guardian: _____

Signature of parent or guardian: _____

Date _____ Child's name: _____

Please return completed forms to:

Operation Kidsight
P.O. Box 6141
Fishers, IN 46038
Attn: Janice Chapman