TEEN ADVISORY BOARD (TAB) COMMITMENT AND PHOTO/VIDEO RELEASE



Student Personal Commitment and Photo/Video Release

Student Signature:

I have read the requirements of the Teens in the Driver Seat® Teen Advisory Board, and understand the commitment required of me. If selected as a Teen Advisory Board member, I will participate in the scheduled meetings and will make myself available for any necessary events that may arise. I will organize a TDS program at my local high school and at neighboring schools in my community. I will actively promote the TDS website and social media channels. I will also respond promptly (within 2 days) to e-mail requests for feedback and ideas.

I also grant permission to the Teens in the Driver Seat® program and the Texas A&M Transportation Institute (collectively "TTI") to take and use visual/audio images of me as part of ongoing communications efforts to advance the Teens in the Driver Seat® program, a program designed to reduce the frequency of vehicle crashes involving teenage drivers. "Visual/audio images" includes any type of recording whatsoever including but not limited to photographs, digital images, drawings, renderings, voices, sound or video recordings, audio clips or accompanying written descriptions. I agree that TTI owns the images and all rights related to them. I understand that the images may be used in video and audio productions, public service announcements, on the Teens in the Driver Seat® program Web site(t-driver.com), and any other uses deemed appropriate by TTI, without compensation or notification. I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them. I release and hold harmless TTI, its employees and agents, from any claim, damages, or liability for any violation of any personal or proprietary right I may have in connection with such recording or use. I freely and voluntarily consent to the use and publication of the images by TTI from this date forward until I revoke this consent in writing.

Date:

Student Printed name:
Parent/Guardian Support and Photo/Video Release
hereby give my written consent for my child,
My signature below indicates that I agree to the terms listed in the above paragraph and grants bermission to take and use visual/audio images of your child.
Parent/Guardian Signature: Date:
Parent Printed name:
Phone number: Alternate number: