



kickatdarkness.com

Kick at Darkness

Authorization: Use of Story / Testimony *Waiver and Release of Claims*

I, on my own behalf and on behalf of all persons and entities for whom I have legal decision-making authority, including without limitation all of my children, wards, other legal dependents, wholly-owned corporate entities, and trusts and corporate entities for whom I alone can act as authorized signatory, do hereby freely, voluntarily and with full capacity, hereby grant Kick at Darkness, and its successors, assigns, licensees and designees, and the affiliates, parents, subsidiaries, members, governing bodies, officers, directors, employees, agents and representatives of each of them (collectively "Kick at Darkness") the rights to my story as presented by me to Kick at Darkness (henceforth called "Story"). I understand my Story will only ever be shared with my first name if I permit that use below, that it will otherwise be attributed a fake name (or be anonymous), and that in no event will my last name be used.

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I forever release, discharge, indemnify and hold harmless Kick at Darkness from any and all liability arising out of the use of my Story in any manner or media whatsoever, and waive any and all claims and causes of action relating to use of my Story, including without limitation claims for invasion of privacy, misappropriation, publicity and intellectual property rights.

**Kick at Darkness will not share, post, or sell your information. This is ONLY for legal use of your Story.*

Can Kick at Darkness use your first name with your Story (initial before response)?

_____ YES, PLEASE USE MY FIRST NAME _____ NO, PLEASE USE A FAKE NAME

***Printed Name** _____

Signature _____

Date _____

I hereby certify that I am the parent and/or guardian of _____, a child under the age of 18 years, and I hereby consent that any Story (as defined above) of my child may be used for any purposes set forth in this Authorization and Release above by Kick at Darkness.

PRINTED NAME OF PARENT OR GUARDIAN _____

SIGNATURE OF PARENT OR GUARDIAN _____

Signature of Witness _____

Date _____