

## Personal Likeness Waiver Form

---

I, \_\_\_\_\_, hereby grant HeartSpeak International and Dr. Anne Jensen the right to use my names, photographs, statements, quotes, testimonials, and video submissions for advertising, publicity, and promotional purposes without notification or further compensation. I also grant HeartSpeak International and Dr Anne Jensen the right to use, reproduce, reprint, distribute, perform, and/or display my entry video(s) without further compensation or notification to myself. And I understand that HeartSpeak International and Dr Anne Jensen maintain the right to reproduce, reprint, distribute, perform, display, or exhibit the project for advertising, publicity, and promotional purposes on their website, at conferences, or at any other venues.

I understand the circulation of the materials could be worldwide and that there will be no compensation to me for this use.

I am 18 years of age or older and am competent to sign this release on my own behalf. I have read this release and fully understand its implications.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Please e-mail this document with all required fields completed to the following e-mail**

**address: [contest@HeartSpeak.me](mailto:contest@HeartSpeak.me)**