



Award Recipient Release Form

I _____ hereby grant permission to HUDE, its employees, agents and volunteers, to videotape, audiotape, and film or photograph me and use my name, image and likeness and biographical material in conjunction with promotion of the HUDE Scholarship fund, HUDE fund- raising activities and events. HUDE is hereby released from any claim for payment or any other compensation relating to the taking or use of my photograph (s), voice or video images.

Further, HUDE is granted a worldwide, perpetual right to copy, reproduce, transmit and display my photograph(s), video images, audiotape, film, name, image, likeness biographical material and my scholarship award “Thank you “ letter an unlimited number of time in any and all media, including the internet, only related to its charitable and educational purposes.

Print Student Name

Student Signature

If under 18, Print Name of Parent/Guardian

Parent/Guardian Signature

Date

Street Address, City, State, Zip

Email

Telephone

HUDE’s mission is to support and empower the Haitian community socially, politically, and academically by developing programs, workshops and extracurricular activities to bond, nurture and educate our community.

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