



Flipping Physics Video Release Form

The undersigned grants irrevocable permission to Flipping Physics, LLC its clients, assignees and licensees, to use the name(s) and likeness(es) of the undersigned in pictures, photographs, motion pictures, television, internet, digital media and all reproduction thereof, and to record, amplify, and reproduce (his/her/their) voice(s) completely or in part, for any advertising publication, promotion and commercial or informative purposes.

The undersigned further agrees that (his/her/their) participation in the program confers upon (him/her/them) no rights to use, ownership or copyright. The undersigned releases Flipping Physics, LLC, its clients, employees, agents, and assigns from all liability which may arise from any and/or all claims by me or any third party in connection with my participation in the program(s).

I further understand that I am not to receive payment for said video/recorded voice/photographs and that these video/recorded voice/photographs will not discredit or distort my person in any way.

NAME	COUNTRY
ADDRESS	CITY/STATE
PHONE	MOBILE PHONE
EMAIL ADDRESS	
SIGNATURE	DATE
If the above named person is a minor, the parent or guardian shall consent to the above authorization and release by signing below.	
SIGNATURE	DATE
PARENT/GUARDIAN NAME	

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Please print, sign, take a picture of this and email that picture to jon@flippingphysics.com