



## Flipping Physics Video Release Form

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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	

Jonathan Thomas-Palmer  
CEO of Flipping Physics, LLC

Please print, sign, take a picture of this and email that picture to [jon@flippingphysics.com](mailto:jon@flippingphysics.com)