

Personal Story Release Agreement

Grant

For consideration which I acknowledge, I consent to the use of my statements and grant to Rosen Publishing ("Company") and Company's assigns, licensees and successors the right to copy, reproduce, and use all or a portion of the statements (the "Personal Story") for incorporation in **Teen Health and Wellness: Real Life, Real Answers** (the "Work").

I grant the use of all or a portion of the Personal Story in the Work and any of its derivatives in all forms and media electronic, print and other, including advertising and related promotion throughout the world and in perpetuity. I grant the right to use my name or pseudonym in connection with all uses of the Personal Story and waive the right to review or approve use of my Personal Story as incorporated in the Work.

Release

I release Company and Company's assigns, licensees and successors from any claims that may arise regarding the use of the Personal Story including any claims of defamation, invasion of privacy, or infringement of moral rights, rights of publicity or copyright. I acknowledge that I have no ownership rights in the Work.

Company is not obligated to utilize the rights granted in this Agreement.

I have read and understood this agreement and I am over the age of 18. This Agreement expresses the complete understanding of the parties.

Name: _____ Date: _____

Signature: _____

Address: _____

Parent/Guardian Consent [COMPLETE THIS SECTION ONLY IF SIGNER IS UNDER 18]

I am the parent or guardian of the minor named above. I have the legal right to consent to and do consent to the terms and conditions of the Grant and Release in this Agreement.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Parent/Guardian Address: _____

Please return this form by mail or fax to:

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