CONSENT TO

PHOTOGRAPH, FILM, OR VIDEOTAPE A STUDENT FOR A NON-PROFIT PURPOSE (e.g., EDUCATION, PUBLIC SERVICE OR HEALTH AWARENESS PURPOSES)

_____

NAME OF STUDENT (**PLEASE PRINT LEGIBLY)**

_____SCHOOL

_____ CLASS

I, (**PLEASE PRINT**) _____, hereby consent to
(PARENT/GUARDIAN)

the taking of photographs and video of my child by Virtual Enterprises International (VE).

I also grant VE a non-exclusive, royalty-free, perpetual, transferable, irrevocable and fully sub-licensable right to use, copy, transmit, edit, distribute, display and publish said products in any form, media, technology, for any purpose including developing, distributing and promoting VE and its educational programming, materials and services.

I release VE, and its agents and employees, from all claims, demands, & liabilities whatsoever in connection with the above.

_____ _____

SIGNATURE OF PARENT/GUARDIAN **DATE**

_____ _____

TEL. # OF PARENT/GUARDIAN **ADDRESS OF PARENT/GUARDIAN**