



TESTIMONIAL CONSENT AND RELEASE FORM

Name of Student: _____ Date of Birth: _____
(DD/MM/YYYY)
Nationality: _____ Passport/Fin No: _____
Course: _____

I hereby give my consent for good and valuable consideration, to INSWORLD INSTITUTE, their legal representatives, successors, and all persons or corporations acting with their permission, unrestricted permission to copywrite and/or use, and/or publish my testimonial statement, name and/or photo in any advertising and promotion relating to INSWORLD INSTITUTE testimonial campaign and to reproduce and distribute copies of such advertisements or promotional materials. I grant INSWORLD INSTITUTE the right to edit the content of any advertising or promotional copy.

I also waive, discharge and release INSWORLD INSTITUTE, its affiliates and subsidiaries, and their respective officers, directors, employees, agents, successors and assigns, or any person acting under their authority, from any and all rights, claims, causes of action or objections that I may have, or that may subsequently accrue to me, as to any use that may be made of my statement, name and/or photo in the advertising or promotion.

Student's Signature

Date:

Student's Testimonial
