**General Drone Footage and Photography Release**

Cutting Edge Aerials LLC

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I, the undersigned, hereby grant Cutting Edge Aerials (“the Company”) and its authorized agents the irrevocable right and permission to record, photograph, or film me, my property, or event using aerial drone technology. This includes still images, video, and audio (if applicable).

1. Scope of Consent

I authorize the Company to capture images or video of me, my family, my property, or my event; edit, reproduce, or modify the media; use the footage for commercial, promotional, educational, or other lawful purposes, including but not limited to online platforms, print, advertising, or client delivery.

2. Ownership & Rights

I understand that all footage and media created by the Company remain the property of Cutting Edge Aerials. I waive any right to royalties or other compensation related to the use of such media.

3. Release from Liability

I release and hold harmless Cutting Edge Aerials its owners, agents, and assigns from any claims, damages, or liability related to the use or publication of the media, including any claims of defamation, invasion of privacy, or rights of publicity.

4. FAA Compliance

I understand that all drone operations will be conducted in accordance with Federal Aviation Administration (FAA) regulations and safety guidelines.

5. Minors (if applicable). I certify that I am the parent or legal guardian of the minor(s) named below and grant permission for them to be included in the drone footage.

6. Revocation

This release is irrevocable once signed. Any request to withhold or remove content after publication must be submitted in writing and will be evaluated on a case-by-case basis.

SIGNATURE & CONSENT

Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names of Minors (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ I am the parent/legal guardian of the above-named minor(s) and give consent.