Adobe Foundation Nonexclusive License Agreement Adobe Youth Voices

Date:	, 20
AYV Project Name:	
School/Site Name:	
Name of Licensor (youth artist):	
Dear:	

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ADOBE FOUNDATION NONEXCLUSIVE LICENSE AGREEMENT Adobe Youth Voices If these terms meet with your approval, please sign and return the attached copy of this Agreement indicating your agreement as indicated above. Additionally, please deliver the Materials to the Foundation within seven (7) days of the signing of this Agreement.

Sincerely yours,

Patricia Cogley Senior Manager, Adobe Youth Voices Adobe Systems Incorporated

I, the undersigned, have read, understand and agree to the above terms and conditions of the License.

Signature of Licensor:
Name of Licensor (<i>please print</i>):
Address:
Date:, 20
Is Licensor the age of majority in his/her place of residence and at least age 18? YesNo*
* If "No", then the signature of Licensor's Parent/Legal Guardian is required below.
Signature of Parent/Legal Guardian:
Printed Name of Parent/Legal Guardian:
Relationship to Licensor:
Address:

Date:_____, 20____