

Photo/Video Permission and Release Form

I hereby grant permission, without reservation, to _____, and to those authorized by _____, to take photographs and to make recordings of my child or children named below, and to use them in original or modified form in all media now or hereafter known, (including, without limitation, websites, bulletins, newsletters and promotional brochures) with or without name or information, solely for the promotion, public education, and/or fundraising activities of _____.

I understand and agree that I am entitled to receive no compensation for the above.

I release _____, its officers, directors, agents, employees, independent contractors, licensees and assignees from all claims that I now have or in the future may have, relating to the above. I further agree that _____ will be the sole owner of all tangible and intangible rights in the abovementioned photographs and recordings, with full power of disposition.

I am the parent or guardian of the minor(s) named below, and I hereby consent to the foregoing on behalf of the minor(s) and myself.

Name(s) of Child/Children

My name:

(Signature)

Date: