**Release Form**

I hereby grant the ORGANIZATION the unrestricted and irrevocable right to use my image and name (if necessary) in any promotional or archival materials, including, but not limited to, print and electronic publications, newsletters, websites, social media channels, audio and video recordings, and advertising and promotional materials.

I hereby release the aforementioned foundation, the photographers or videographers, their offices, employees, agents and designees from any and all causes of action, claims, charges, demands, losses, damages, costs and liabilities that I may have or claim to have in any way related to the use of my image in campaign materials.

By signing below, I certify that I am over the age of 18, have read the above authorization and release, and fully understand and agree with it.

|  |  |
| --- | --- |
| Signature  |  |
| Printed Name  | Date  |

|  |  |
| --- | --- |
| Organization | Date  |

**Release Form for Minors**

I hereby grant the ORGANIZATION the unrestricted and irrevocable right to use this minor’s image and name (if necessary) in any promotional or archival materials, including, but not limited to, print and electronic publications, newsletters, websites, social media channels, audio and video recordings, and advertising and promotional materials.

I hereby release the aforementioned foundation, the photographers or videographers, their offices, employees, agents and designees from any and all causes of action, claims, charges, demands, losses, damages, costs and liabilities that I or the minor may have or claim to have in any way related to the use of the minor’s image in campaign materials.

Name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age of child: \_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_ Location of event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below, I certify that I am legally authorized to sign this form on behalf of the aforementioned minor, have read the above authorization and release, and fully understand and agree with it.

|  |  |
| --- | --- |
| Signature  |  |
| Printed Name  | Date  |

|  |  |
| --- | --- |
| Organization | Date  |