

Photo/Video Release Form

I, _____, consent to the unrestricted use, by ABC Nonprofit Organization (and those acting with its permission and authority), of any and all media taken, in whole or in part, unlimited use, for all purposes in any form or medium, including, without limitation, its use through or on any electronic media, including the Internet.

I waive any right to inspect or approve the finished product or products or the advertising copy or printed matter that may be used with the finished media.

Further, I relinquish all rights, titles and interest I may have in the finished media, negative(s) and reproduction to any responsible business firm or publication. It is understood that ABC Nonprofit Organization retains copyright of media at all times under the express understanding and agreement that ABC Nonprofit Organization shall have exclusive reproduction rights to the media.

I hereby release ABC Nonprofit Organization from any and all claims in connection with the media, including any and all claims of libel.

___ I am over the age of 18. I have read the above and fully understand its contents.

___ I am the parent of guardian of a minor. I have read the above and fully understand its contents. I hereby grant permission for my child's/ward's photograph(s) to be used in the manner specified above.

Name (please print)

Age

Minor's Name(s) if applicable

Address/City/State/Zip

Telephone

Email

Signature

Date

Relation to subject (if subject is a minor)
