

PHOTO RELEASE

I release all rights to the use of video and/or photography that I may be included in to The Community Foundation of Middle Tennessee. I also give permission to use, display, distribute, publish, and copy either digitally or by means of print whether by Internet, CD magazine, brochure, newspaper, TV, or other types of media without restrictions. I also understand that my name may or may not be used with the video and/or photography taken of me or the video and/or photography in which I may be included.

I release the videographer/photographer and any agents associated with the videographer/photographer of any claims, demands, lawsuits, that may arise in connection with the video and/or photography taken.

I am over 18 years of age. I understand the above release agreement is binding upon my signature.

I am the legal guardian of the undersigned. I understand the above release agreement is binding upon my signature.

SIGNATURE: _____

GUARDIAN'S SIGNATURE: _____

Printed Name: _____

Printed Name: _____

Date: _____

Child's Name: _____

SIGNATURE: _____

Date: _____

Printed Name: _____

GUARDIAN'S SIGNATURE: _____

Date: _____

Printed Name: _____

SIGNATURE: _____

Child's Name: _____

Printed Name: _____

Date: _____

Date: _____

SIGNATURE: _____

Printed Name: _____

Date: _____

SIGNATURE: _____

Printed Name: _____

Date: _____