



PHOTO, VIDEO & AUDIO RELEASE FORM

I, _____, hereby grant Aubrey & Marla Dan Foundation (AMDF) and its agents, successors, and assigns, the irrevocable right and permission to use my image and likeness, and the sound of my voice, in photographs, video, and audio recordings taken of me on this date: _____ and this location: _____ (the "Materials") for use in the activities of AMDF, or for promoting or publicizing AMDF and its activities, or for any similar purpose. This grant includes, without limitation, the right to edit, copy, exhibit, publish and/or distribute the Materials in formats and media available to AMDF now or in the future, including on the AMDF website, on social media, or in printed publications, all without compensation to me.

I waive the right to inspect or approve any of the Materials wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising from or related to the use of the Materials. I agree that all such Materials and any reproductions thereof, and all plates, negatives, recording tapes, and digital files are and shall remain the property of AMDF. There is no time limit on this release. It is perpetual.

By signing this form, I acknowledge that I have completely read and understand the above release and agree to be bound thereby.

I hereby warrant that I am eighteen (18) years old or older and competent to contract in my own name or, if I am less than eighteen years old, that my parent or guardian has signed this release form below. This release is binding on me and my heirs, assigns, and personal representatives.

Signature of Individual Photographed/Recorded

Date

Printed Name of Individual Photographed/Recorded: _____

Contact Information:

Email Address

Phone Number

If individual photographed/recorded is under eighteen (18) years old, the following section must be completed: I have read and I understand this document. I understand and agree that it is binding on me, my child (named above), our heirs, assigns and personal representatives. I acknowledge that I am eighteen (18) years old or more and that I am the parent or guardian of the child named above.

Signature of Parent/Guardian of Individual Photographed/Recorded

Date

Printed Name of Parent/Guardian: _____

Contact Information:

Email Address

Phone Number