

## MEDIA RELEASE FORM

Location: \_\_\_\_\_ Participant Name: \_\_\_\_\_

### Participant Information:

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

Address: \_\_\_\_\_

### Media Use Authorization:

I hereby grant permission to [Organization Name], its representatives, employees, and agents, to photograph, film, and record me and/or my property in connection with the activities, and to use such photographs, video, and recordings for any lawful purpose including, but not limited to, publicity, advertising, and Web content.

### Rights and Releases:

I understand that I will receive no compensation for the use of such images or recordings and that all rights to these materials belong to [Organization Name]. I release [Organization Name] from any claims, demands, and liabilities whatsoever in connection with the above.

### Confidentiality and Privacy:

I acknowledge that personal information collected may be used in accordance with applicable privacy laws and [Organization Name]'s privacy policy.

### Duration and Revocation:

This authorization is continuous and may only be withdrawn by my specific rescission of this agreement in writing delivered to [Organization Name].

### Indemnification:

I agree to indemnify and hold harmless [Organization Name], its representatives, employees, and agents from any claims, damages, or liabilities arising out of or related to the use of the media as authorized herein.

### Governing Law:

This Media Release Form shall be governed by and construed in accordance with the laws of the United States and the applicable state law where [Organization Name] operates.

### Participant Acknowledgment:

By signing below, I acknowledge that I have read and understand the terms of this Media Release Form and agree to be bound by its terms.

**PARTICIPANT SIGNATURE**

**WITNESS SIGNATURE**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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