

JDRF 2016-2017

Video/Photography Waiver Release Form

I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse fundraising settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for social media for the Central Pennsylvania Chapter of JDRF.

By signing this release I understand this permission signifies that photographic or video recordings of me may be electronically displayed via social media.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or JDRF International utilizing this material for marketing and promotional purposes.

Full Name		
Email Address		
Signature	Date	_
If this release is obtained from a presente parent or legal guardian is also required.	er under the age of 19, then the signature of t	:hat presenter's
Parent's Signature	Date	