**DO SOMETHING DAY**

**PHOTOGRAPH AND VIDEO RELEASE FORM**

I grant permission to the Women’s Fund for the Fox Valley Region, Inc. and its agents to use photographs or videotape of me, or photographs or videotape I have provided to them.

I give this permission with the understanding that these photographs or video may be used by the Women’s Fund for the Fox Valley Region’s in any media, including, but not limited to, print pieces, electronic communications, website, or social media spaces. I waive any right to inspect or approve any photographs or video, or any printed or electronic matter in which they appear.

I also understand that these photographs or video may be viewed by a wide variety of audiences and may be used for a variety of purposes, including advertising and promotion. I understand that these photographs or video may be used for an unlimited time.

I have read this release form prior to signing it and I understand its content.

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| Minor’s Name (Please print) |

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| Parent/Guardian’s Name (Please print) |

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| Parent/Guardian’s Signature |

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| Date: |       | Phone: |       |

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| Email: |       |