



PHOTO RELEASE FORM

I, _____ (name), hereby agree and consent to the following:

Voices for Children to use my likeness in any photograph, video or other digital media ("Photos") taken or to be taken during all of its publications, including print or web-based publications and social media. This includes authorization for the following:

1. I authorize Voices for Children to copy, edit, enhance, crop or otherwise alter any Photo for use in their publications. I also waive any rights for approval or inspection of any Photos.
2. I understand and agree that all Photos are the property of Voices for Children and will not be returned to me.
3. I acknowledge that I am not entitled to any compensation or royalties with respect to the use of the Photos.
4. I agree to release and forever discharge Voices For Children and its affiliates, successors and assigns, officers, employees, representatives, partners, agents and anyone claiming through them, in their individual and/or corporate capacities from any and all claims, liabilities, obligations, promises, agreements, disputes, demands, damages, causes of action of any nature or kind, known or unknown, which I, and anyone claiming on behalf of me, may have or claim to have against Releasee in connection with this Release.

I confirm I have carefully read and fully understand all the provisions of this Photo Release Form and am freely, knowingly and voluntarily signing.

Signature of Youth

Date

Printed Name of Youth

Signature of Parent or Guardian

Date

Printed Name of Parent or Guardian