



The Fostered Gift

“Bridging the Gap for a Waiting Child”

PHOTO/VIDEO RELEASE FORM

The Fostered Gift reserves the right to use photographs or video taken at any event for publicity purposes in printed materials and online. Attendees and/or participants consent to having their photograph taken and used for such purposes. If anyone does not wish themselves or their child to be photographed, you must notify the nearest Fostered Gift representative to that effect. No names will be used in conjunction with photos/video without express written consent.

I hereby grant The Fostered Gift permission to take, use, reuse, and publish: photographs and/or videos of me/my child in any and all of its publications and in any and all other media, including but not limited to use and publication on the internet, webpages, and social media accounts, whether now known or hereafter existing, controlled by The Fostered Gift, in perpetuity and for other use by The Fostered Gift.

I hereby release and discharge The Fostered Gift, their board, employees, representatives, licensees, and other related parties from any and all claims, demands, actions, causes of action, and costs of any nature arising from or related to the use, re-use, and publication of the aforesaid photographs and videos, including but not limited to claims for libel and invasion of privacy. I understand and agree that these materials will become the property of The Fostered Gift and will not be returned. In addition, I waive the right to inspect or approve the finished product, or the use it may be applied, wherein my likeness appears.

By signing below, I certify that I have read this release and fully understand the content, meaning, and impact of said release. I also certify that I am 18 years of age and am competent to contract in my own name. If the subject of a photograph or video is under the age of 18, a parent or guardian will sign in their place. If I sign as the parent or legal guardian for a child, I am attesting on behalf of myself and my spouse, partner, or any other person who claims the participant as a dependent, I have read the above photo release and understand the contents.

Signature

Date

Printed Name

Child's Name (if applicable)



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GROUP PHOTO/VIDEO RELEASE FORM

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Signature

Date

Printed Name

Child's Name (if applicable)

Signature

Date

Printed Name

Child's Name (if applicable)



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GROUP PHOTO/VIDEO OPT OUT RELEASE FORM

I, the undersigned, do not wish The Fostered Gift to record my participation and appearance on any recorded medium including, but not limited to video, audio, photos (collectively, “recordings”) for use in any form (including, but not limited to print, websites, blogs, internet). I understand The Fostered Gift will make reasonable efforts to comply with my request. If I become aware of a recording with my likeness, I will notify The Fostered Gift representative immediately. I understand that The Fostered Gift will then make reasonable efforts to remove my likeness from recordings.

I hereby confirm that I am of legal age (18) and have every right to contract in my own name as stated above. I further affirm that I have read the above Photo Opt Out Release, and understand its contents.

Signature

Date

Printed Name

Contact Number