



# Photograph & Video Release Form



I hereby grant permission to the **Simply Give, Inc. d.b.a. Little Givers Club and Simply Give, Inc.** and their employees, agents, owners, founders, representatives, contractors, and personnel who are acting on behalf of Simply Give, Inc. and Little Givers Club to create and/or obtain and use my photograph, my voice or quotes/excerpts of my written or verbally expressed words, my artwork or a photograph of my artwork, my name, alias, or biographical information, a video and/or audio recording or other likeness of myself (hereinafter collectively referred to as “My Likeness”) for uses related to, but not limited to, the following purposes:

- Informational presentations
- Online social media posts or blogs
- Marketing, advertising, or other publicity

I will be consulted about the use of My Likeness for any purpose other than those listed above.

I understand that the distribution of My Likeness is subject to, but not limited to, the following means: broadcast/rebroadcast, radio transmission/retransmission, news releases, mail-outs, emails, billboards, signs, online, media, etc. I further understand that there is no geographic limitation on where My Likeness may be distributed or time limit to the validity of this release.

I understand that My Likeness may be subject to reasonable modification or editing, and I waive the right to inspect or approve the finished product wherein My Likeness appears.

I waive any right to royalties or other compensation arising from or related to the use of My Likeness, including any copyright therein. I also relinquish and give Simply Give, Inc. and Little Givers Club all rights, title and interests in and to My Likeness. This Release shall be binding upon my heirs, successors, assigns, and legal representations.

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 organization utilizing My Likeness in accordance with this Release.

Full Name(s) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Signature (unless under 18) \_\_\_\_\_ Date \_\_\_\_\_

If this release is obtained from a presenter under the age of 18, then the signature of that presenter’s parent or legal guardian is required. Parent’s Signature \_\_\_\_\_ Date \_\_\_\_\_