



MEDIA AUTHORIZATION & RELEASE

I, _____, of

_____ (address)

_____ (city, state)

knowingly waive my right to confidentiality and hereby knowingly consent to photographic or video footage being taken of me by JFCS, its Directors, Officers, Employees and/or its Agent.

Further, I hereby authorize and consent that Jewish Family & Children's Service, a not-for-profit corporation, its legal representatives, successors or assigns, shall have the absolute right to copyright, publish, use, sell or assign any and all photographic portraits or pictures, television spots, movie films, videotapes and/or sound recordings, or any part thereof, they have taken or made of me on this date or in which I may be included in whole or in part, whether apart from or in connection with, illustrative or written printed matter, story or news item, motion pictures, television or radio spots, or for publicity, advertising or any other lawful purpose whatsoever, in conjunction with my own or a fictitious name, or in reproductions thereof in color or otherwise.

I hereby waive all claims for any compensation for such use or for damages.

I hereby waive any right that I may have to inspect and/or approve the finished product or the advertising copy that may be used in connection therewith or the use to which it may be applied.

I hereby warrant that I am of full age and have every right to contract in my own name in the above regard. I state further that I have read the above authorization and release, prior to its execution, and that I am fully familiar with the contents thereof.

Signature: _____ Date: _____

Print Name: _____

Parent Signature: _____ Date: _____
(if a minor)

Print Name: _____