

## STANDARD PHOTO RELEASE FORM



**Participant's Name:** \_\_\_\_\_

I hereby authorize IMPACT Community Action Partnership, its representatives and members the right to take photographs of me and to publish these photographs to be used in any IMPACT Community Action Partnership, printed publications and/or website. I acknowledge that since my participation in publications and/or websites produced by IMPACT Community Action Partnership is voluntary, I will receive no financial compensation. I further agree that my participation in any publication and/or website produced by IMPACT Community Action Partnership confers upon me no rights of ownership whatsoever.

I agree that IMPACT Community Action Partnership may use such photographs of me for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content.

I release IMPACT Community Action Partnership its contractors and its members from liability for any claims by me or any third party in connection with my participation.

I have read and understand the above:

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

(parent or guardian if subject is under age 18)