



STANDARD PHOTO/VIDEO CONSENT FORM

Date: _____

Location: _____

I hereby give permission for the Food Research and Action Center (“FRAC”) and its agents to take photographs and/or videos of me (the “Images”) at the location and on the date identified above. I hereby grant FRAC and its affiliated organizations, and their successors, assigns and licensees (the “Licensees”) permission to use my name, voice, appearance and likeness as embodied in the Images, in whole or in part, in any material prepared by or for the Licensees relating to FRAC’s mission of eradicating hunger and undernutrition in the United States, in any form or media, now known or hereinafter developed, throughout the world in perpetuity. I understand that I have no ownership rights in the Images and that the Licensees have no obligation to use the Images or any of the rights granted herein.

I release any claims that I may have against the Licensees and their officers, directors, employees, and agents based upon or arising from use of the Images as authorized herein, including, without limitation, any right to inspect the Images, any claims for an invasion of privacy or publicity, defamation or copyright infringement, or for any fees for the use of the Images.

I represent and warrant that I have reached the legal age of majority in my state, and that I have read, fully understand and agree to the contents contained herein.

NAME (PLEASE PRINT): _____

SIGNATURE: _____ *DATE:* _____

ADDRESS: _____

Guardian Consent (if the person being photographed is a minor)

I give permission for my minor child identified below to be photographed, interviewed and/or filmed at the Event identified above, and grant the above-stated permissions and releases on behalf of said minor child. I represent and warrant that I am the parent and/or legal guardian of the said minor child and that I have the legal authority to execute this consent and release on his/her behalf.

NAME OF CHILD (PLEASE PRINT): _____

NAME OF GUARDIAN (PLEASE PRINT): _____

SIGNATURE: _____ *DATE:* _____

ADDRESS: _____

If checked, I do not grant permission for the Licensees to use my real name and/or my child’s real name in connection with the use of the Images.