



PIPER'S ANGELS FOUNDATION

PHOTO RELEASE FORM

I, _____ with a mailing address of
_____ City of _____,

State of _____ (the "Releasor") grant permission and consent to Piper's Angels Foundation (the "Releasee") for the use of the following photograph(s) and/or video as identified below for presentation under any legal condition, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content:

Describe Photo(s)

Payment

I understand that there shall be no payment for this release. _____ Initials

Royalties

I understand that no royalty, fee, or other compensation shall become payable to me by reason of such use. _____ Initials

Revocation

I understand that with my authorization below the photograph(s) may never be revoked. _____ Initials

We, the Releasor and Releasee, have understood and agree to the aforementioned terms and conditions.

Releasor's Signature _____ Date _____

Print Name _____

Releasee's Signature _____ Date _____

Print Name _____