



PHOTO/VIDEO RELEASE FORM

I (the "Releasor"), _____

with a mailing address of _____,

City of _____, State of _____

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.

I also hereby acknowledge and agree to the following:

Payment

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

Royalties

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

Revocation

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

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

Releasor's Signature _____ **Date** _____

Print Name _____