



## 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** \_\_\_\_\_