



Solano Community Foundation Media Authorization & Release Form

I, (*print name*) _____ authorize Solano Community Foundation and its employees or agents (collectively, "SCF") to take photographs, motion pictures and/or audio recordings of me. I agree to my image, voice and/or likeness being used in all forms of print and electronic media recordings and publications and/or audio or video productions (the "Material") for purposes directly related to the charitable mission of SCF. This includes funding support received in the form of grant and scholarship awards, and for professional development and training purposes, to be used for the publicity, marketing and promotion of SCF and its programs .

I acknowledge that SCF will be the copyright owner of the Materials, and that my image, voice and/or likeness becomes the sole and exclusive property of SCF. By my signature below, I give SCF my permission to copy, modify, create derivatives, license, assign, transfer, archive and otherwise use my image, voice and/or likeness in any publicity, marketing and promotion efforts to further its charitable mission. I release SCF from any and all liability arising out of the use of the Materials, including without limitation, any claims arising out of my right of privacy or right of publicity. I am participating on a voluntary basis and no compensation, fees or royalties will be paid for this use.

Signature

Date

Address City/State/Zip

NOTE: If the participant is under the age of 18, a parent or guardian must provide the following information and sign below.

I am the parent or guardian of the person whose image or voice may appear in the Materials owned and used by SCF, and I give my consent, authorization, and release as set forth above.

Signature of Parent/Guardian

Date

Relationship

Address City/State/Zip