



## United Way Photo/Video Release Form

I hereby grant to United Way of Volusia-Flagler Counties, Inc. its nominees, successors, and assigns, or those for whom United Way is acting, the absolute right and permission to use pictures and/or video footage of me taken for editorial, trade, advertising, and any other purpose and photographer and his/her and assigns from all claims and liability relating to said photographs or video footage.

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

If minor, signature of parent/guardian: \_\_\_\_\_

Witness: \_\_\_\_\_