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**MEDIA RELEASE/CONSENT FORM
FOR THE PARENT OR GUARDIAN OF A MINOR**

I, (print name) _____, being the parent or guardian of the minor child, (print name) _____, hereby consent to William & Sheila Konar Foundation's (the "Foundation") use of my child's name, likeness, image, portrait, picture, statements, and voice for any and all purposes. This includes advertising purposes or trade, in any form or format, including, but not limited to photographs, video and/or audio recordings, electronic content, and digital images of my child. This consent also applies to news releases, educational and promotional materials, such as but not limited to brochures, posters, websites, social media applications, videos, radio interviews and other forms of electronic communications. I waive any right to royalties or other compensation arising from or related to the use of my child's image(s). I further consent to the Foundation's use of my child's name, identity, and facts regarding my child in descriptive text or commentary in connection with my child's image(s). I understand that all prints, negatives, digital content and reproductions of my child's image(s) shall be the sole property of the Foundation. This consent extends to the agents and contractors that the Foundation may use to create, publish, distribute, and disseminate the above-referenced materials. I agree to release, defend and hold harmless the Foundation and its agents, Board members, employees, interns and volunteers, and any firm it may select to publish and distribute my child's image(s) in whole or in part. These items are inclusive of print, digital, electronic or audio format. There shall be no claims, damages, or liability arising from or related to the use of my child's image(s), including but not limited to any misuse, distortion, blurring, alteration, optical illusion, or use in composite form, intentionally or otherwise, that may occur in production, its publication or distribution. My signature below is my free and knowledgeable acceptance of the full terms of this consent.

DATE

NAME OF MINOR

SIGNATURE OF PARENT OR GUARDIAN

ADDRESS

TELEPHONE NUMBER