



PHOTOGRAPHY VIDEO MEDIA RELEASE FORM

Agreement & Authorization for Individual Model and/or Facility to appear in foundation-related marketing materials

BETWEEN PARTY OF THE FIRST PART

Jasmin Shah, Photographer; Alison McKinzie, Photographer; Other Comer Family Foundation Staff or Contracted Photographers, Videographers on behalf of Comer Family Foundation 20935 Swenson Dr. Suite 125 Waukesha, WI 53186

Photographer Name & Contact Info (if not named above) \_\_\_\_\_

AND PARTY OF THE SECOND PART

Model/FacilityName \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Contact e-mail \_\_\_\_\_

Contact Phone #1 \_\_\_\_\_ Contact Phone #2 \_\_\_\_\_

Date \_\_\_\_\_

I hereby consent to be photographed, videotaped, audio taped, and/or interviewed for the Comer Family Foundation to be used solely for the purpose of content used in Foundation marketing materials online and in print.

I agree to release and hold harmless: Comer Family Foundation, The Comer Foundation, Gary Comer, Inc., The Comer Science and Education Foundation, Teens Take On Climate, Comer Education Campus, Medical Home Network and their respective representatives, members, officials, agents and employees from and against any and all claims, demands, actions, complaints, suits or other forms of liability that may arise out of or by reason of, or be caused by the use of any photographs, videotapes, and/ or interviews, on television, radio, internet, motion pictures, in the print medium, or any media of the Party of the Second Part.

It is further understood and I do agree that no monies or other consideration in any form, including reimbursement for any expenses incurred by me, will become due to me, my heirs, agents, or assigns at any time because of my participation in any of the above activities.

Name\* (please print clearly) \_\_\_\_\_

Signature \_\_\_\_\_

Title, if applicable (please print clearly) \_\_\_\_\_

Date \_\_\_\_\_

If the person named above is a minor, a parent or legal guardian must sign.

Parent or Legal Guardian Name (please print clearly) \_\_\_\_\_

Parent or Legal Guardian Signature \_\_\_\_\_