



Photography/Film/Video/Audio Recording Release Form

I hereby authorize the WindsorEssex Community Foundation (“WECF”), through its employees, agents, and/or representatives to photograph, film, video, or use my voice and/or likeness in WECF promotions. I acknowledge that I am not entitled to any form of payment for the use of my likeness or for any future photo, film or video publications. I also agree to waive any and all future claims, causes or actions and/or demands against WECF, its Board of Directors, officers, employees, agents and/or representatives related to or arising from the use of my likeness in WECF publications.

My signature on this document acknowledges that I have read and understand the above provision and agree to abide by these terms. I am over 18 years of age or a legally emancipated minor.

Full Name (please print)

Signature

Date

Parent/Guardian Name (please print)

Signature

Date