

Photo/ Video Release Form

EVENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PURPOSE: DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*PRINT NAME)* give and grant DOVE, Inc. the right to use, publish and copyright my name, voice, picture, portrait, written form and likeness for the purpose of creating public awareness about issues of domestic violence and to promote the work of DOVE, Inc.

I agree that all photographs/videotape/audiotape of me used and taken by DOVE, Inc. are the property of DOVE, Inc. If I should receive any print, negative or other copy thereof, I shall not authorize its use by anyone else.

*SPECIAL REQUEST:*

Signed

Date

Signature of Parent or Guardian