

AUTHORIZATION FOR USE OF IMAGE, VOICE, PERFORMANCE OR LIKENESS

I, (printed name) _____ do permit and authorize **THE LORRAINE JACKSON FOUNDATION** (the "Foundation") and its employees, agents, and personnel who are acting on behalf of the Foundation to use my photograph or other likeness for purposes related to the educational mission of the Foundation, including publicity, marketing, and promotion of the Foundation and its various programs without compensation to me. I understand my photograph or likeness and voice may be copied and distributed by means of various media, including video presentations, simultaneous television, rebroadcast, radio distribution or retransmission, news bulletin, mailouts, billboards or signs, brochures, placement on University websites, other electronic delivery, or publications. I acknowledge that the Foundation has the right to make one or more photographs, audio recordings, videotape or disk presentations, or other electronic reproductions of my image, voice or performance in accordance with this agreement. I waive any right to inspect or approve the finished product, or any material in which the Foundation may eventually use the photographs.

I relinquish and give the Foundation all rights, title and interests in and to the photographs, including any copyright therein. This consent and release shall be binding upon my heirs, successors, assigns, and legal representations.

I understand that, although the Foundation will endeavor to use my photograph or likeness in accordance with standards of good judgment, the Foundation cannot warrant or guarantee that any further dissemination of my photograph or likeness will be subject to Foundation supervision or control. Accordingly, I release the Foundation from any and all liability related to dissemination of my photograph or likeness, reproduction, distribution, and display of the photographs in print or any and all other media, and any alteration, distortion or illusionary effect, whether intentional or otherwise, in connection with said use. I also understand that I may not withdraw my permission for the use of any photos or other likeness at any time in the future.

I have read and understand the conditions of this consent form.

Signature _____ Age (if minor) _____ Date _____
Printed or Typed Name _____ Phone _____
Address _____ City/State/Zip _____

CONSENT OF PARENT/LEGAL GUARDIAN REQUIRED IF ABOVE INDIVIDUAL IS A MINOR

I am the parent and/or guardian of the above minor and hereby consent and agree to the foregoing terms and provisions on his or her behalf.

Signature _____ Date _____
Printed or Typed Name _____ Phone _____
Address _____ City/State/Zip _____