



MEDIA RELEASE FORM

I, _____, grant permission to Project Smile AZ, to use my image or my likeness (photographs and/or video or other digital media) for use in any and all of its publications including web-based productions, without payment or other consideration.

I hereby irrevocably authorize Project Smile AZ to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose.

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image and/or written submissions.

I hereby release Project Smile AZ and its employees, Board of Directors, photographers, legal representatives, agents and assigns from any and all claims, actions and liability relating to its use of said photographs and/or written submissions.

Please **initial** the paragraph below which is applicable to your present situation:

_____ - I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

_____ - I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Signature: _____ Date: _____

Name (please print): _____

Phone Number: _____

Signature and name of parent or legal guardian: _____

(if under 18 years of age)