

CONSENT AND RELEASE

I would like to participate in an event that is associated with Greater Rochester Health Foundation (Health Foundation). By signing below, I hereby:

- Give the Health Foundation permission to interview, quote, photograph or make video and audio recordings of me or my child -- collectively, the “*materials*”;
- Grant the Health Foundation the right to use or permit others to use the materials in any media for any promotional, editorial or business purposes of the Health Foundation;
- Agree that I am not entitled to compensation for such right, permission or use;
- Grant to the Health Foundation all rights, titles, and interest I may have in the materials;
- Forever release and discharge the Health Foundation and its affiliates from any claim or liability existing now or in the future relating to this consent and release or the use of the materials; and
- Agree that I have read this consent and release and fully understand its contents.

Date: _____

Signature: _____

Print Full Name: _____

Address: _____

Email Address: _____ Phone: _____

If “I” and “me” above refer to your child who is under 18 years of age, as parent/guardian you must sign on their behalf below:

Date: _____

Parent/Guardian Signature: _____

Print Full Name: _____

Address: _____