

PHOTOGRAPHIC RELEASE & CONSENT AGREEMENT (“Release”)

Marin Center for Independent Living

710 Fourth Street San Rafael, CA 94901

Matrix A Parent Network and Resource Center

2400 Las Gallinas Ave., Ste 100 San Rafael, CA 94903

First and Last Name _____

Location Photograph and/or Video Taken: _____

Photography/Video Date Taken: _____

Minor Child: ____ YES ____ NO

If Yes, Name of Minor’s Parent/Guardian: _____

I, _____, hereby freely and voluntarily grant to Marin Center for Independent Living (“Marin CIL”) and Matrix A Parent Network and Resource Center (“Matrix”) the irrevocable right and permission, in respect to the photographs and/or videos that it will take or will have taken of me in which I may be included with others, to copyright the same, in its own name or otherwise (and assign my rights throughout the world in such photograph), to use, re-use, publish, and re-publish, and otherwise reproduce, modify and display the same, in whole or part, individually or in conjunction with other photographs, and in conjunction with any other copyrighted matter, in any and all media now or hereafter known, for illustration, promotion, art, advertising and trade, or any other purpose whatsoever; and to use my name in connection therewith if it so chooses. I hereby release and discharge both Marin CIL and Matrix from any and all claims and demands arising out of or in connection with the use of the photographs, including without limitation, any and all claims for libel and/or invasion of privacy. Marin CIL and / or Matrix may sell, assign, license or otherwise transfer all rights granted to it hereunder. This authorization and release shall also inure to the benefit of the legal representatives, licensees, and assigns of Marin CIL and Matrix. I am of full age (eighteen years and older) and have the right to contract in my own name. I have read the foregoing and fully understand the contents of this Release.

This Release shall be binding upon me and my heirs, legal representatives and assigns. Further, I release both Marin CIL and Matrix from any responsibility for injury incurred during the photography and/or video session.

____(initials) I agree that my name may be associated as a caption with the image(s) created.

____(initials) I request that my name **not** be associated with any image created.

(Signature) (Date)

(Address - City, State, Zip Code)

I, being the parent or guardian of the above named minor, hereby consent to and agree to be bound to the terms in the foregoing Release and consent on behalf of said minor:

(Authorized Signature) (Date)