

Maggie's Wigs 4 Kids of Michigan

Helping the self-esteem of children

MEDIA RELEASE

For the purpose of promoting the services provided by Maggie's Wigs 4 Kids of Michigan, I hereby grant the organization and/or entities for whom and with whom it is acting, full authorization and absolute right and permission to reproduce, copyright, assign, convey, and/or publish photographs of me, or photographs in which I may be included – in whole, in part, or in composite, product, person, name, or reproduction, in color or otherwise – in any medium, at any time or place. As used in this Release, "photograph" means any photograph or photographic reproduction – still or moving on film or videotape or other medium (whether known or not known or yet discovered or developed) in which I may be identifiable or otherwise appear to be depicted.

I hereby waive all rights to inspect or approve any finished product or any advertising copy which may be used in connection herewith, or any to which may be applied.

I hereby release, discharge and agree to hold harmless Maggie's Wigs 4 Kids of Michigan or others for whom and with whom they are acting or may act, from liability of any nature or description by virtue of any use whatsoever, from any change that may occur or be produced in the taking of said photograph or in any process tending towards the completion of any finished product.

I affirm the statements I have made in connection with the image being produced by Maggie's Wigs 4 Kids of Michigan are true, correct, and complete.

I, _____, acting as an Individual being photographed or as a Parent/Guardian of the child being photographed, accept the terms
(PRINT NAME OF INDIVIDUAL OR PARENT/GUARDIAN)

listed above on my behalf or of my child, _____, and
(PRINT NAME OF CHILD)

give my permission to collaborate with Maggie's Wigs 4 Kids of Michigan in promotional activities involving my or my child's photographic image.

Signature of parent or guardian: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Alt. Phone: _____

Date: _____

Location of Photography Session or Filming: _____