



Agency \_\_\_\_\_

**RELEASE FORM**

**Signing this form and participation in this activity does not have any bearing on obtaining services.**

By signing this release form, I authorize North Texas Food Bank, Feeding America, Feeding Texas, and their partner agencies to use the following personal information:

<input type="checkbox"/> My video	<input type="checkbox"/> My picture	<input type="checkbox"/> My voice	<input type="checkbox"/> All applicable
<input type="checkbox"/> My name	<input type="checkbox"/> My city/zip code	<input type="checkbox"/> My written story	

I hereby grant North Texas Food Bank, Feeding America, Feeding Texas, and their partner agencies the right to use, publish, and reproduce, for all purposes the items I have checked above in any and all media including, the Internet, for exhibition, distribution, promotion, advertising, press conferences, meetings, hearings, educational conferences and in brochures and other print media. This permission extends to all languages, media, formats and markets now or in the future unless I reverse my decision in writing.

I hereby waive the right to receive any payment for signing this release and waive the right to receive any payment for North Texas Food Bank, Feeding America, Feeding Texas, and its Partner Agencies' use of any of the material described above for any of the purposes authorized by this release. I also waive any right to inspect or approve finished photographs, audio, video, multimedia, or advertising recordings and copy or printed matter or computer generated scanned image and other electronic media that may be used.

I acknowledge that I have read, accept, and fully understand the contents of this form.

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(If participant is **under 18 years of age**, parent or legal guardian must sign below.)

I, as **parent/legal guardian** of \_\_\_\_\_, agree to the above and I sign this document to signify my agreement.

**\*Parent/Legal Guardian print name:**

\_\_\_\_\_

**\*Parent/Legal Guardian signature:**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**OPTIONAL**

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_