

Photo and Video Release Form



Release and authorization to photograph, video and interview.

The undersigned does hereby consent to the use of photography, video and spoken word, and does hereby authorize the _____ and National Adoption Day coalition to share in media and agency communications materials associated with National Adoption Day.

The undersigned does hereby release the _____ and National Adoption Day coalition, its affiliates and their assignees from any and all claims whatsoever arising out of, related to or based on the use of such material.

Participant first and last name (Please print)

Signature

Date

Address

City

State

ZIP

Email

Phone

Child's name and age (please print)

Child's name and age (please print)

Child's name and age (please print)

Child's name and age (please print)