Photo and Video Permission & Release Form

Participant Information

Name of Participant/Company: _____

Parent/Guardian Name (if under 18): _____

Address: _____

City, State, ZIP: _____

Country: _____ **Instagram & Facebook @**_____

Phone: _____ **Email:** _____

Consent to Use of Media

By signing this form, I hereby grant **DMI Children's Foundation Inc.**, its representatives, employees, agents, partners, and assigns, the irrevocable and unrestricted right to:

- Photograph, videotape, or otherwise record me/my child;
- Use, publish, and distribute these images and recordings (collectively "Media") in any format—including print, digital, video, and social media—for any lawful purpose, including but not limited to marketing, fundraising, educational, and promotional materials;
- Edit, alter, or modify the Media without restriction, and to use my/my child's name, likeness, voice, and/or biographical information in connection with the Media if desired.

I understand that the Media may be used worldwide, in perpetuity, without further approval from me, and that I will not receive any compensation for the use of the Media

Release of Liability

I hereby release and hold harmless **DMI Children's Foundation Inc.**, its officers, directors, employees, volunteers, partners, successors, and assigns from any and all claims, demands, or causes of action that I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization and release.

I understand that while the Foundation will make reasonable efforts to use Media responsibly, once published, the Foundation cannot control unauthorized use or sharing by third parties.

Revocation

I understand that I may revoke this consent at any time by submitting a written request to **donations@dmicf.com** Revocation will not apply to Media already produced or published prior to the receipt of the revocation.

Participant Signature: _____ **Date:** _____

Parent/Guardian Signature (if under 18): _____ **Date:** _____

Optional Restrictions (check if applicable)

☐ Do not use participant's **name** with photo/video.

☐ Do not use participant's **face** in public materials.

☐ Other restrictions: _____