



## CONSENT AND RELEASE FORM

I hereby grant to The McShin Foundation the right, for as long and as often as they may elect, to copyright and/or publish in photographs, video, print, electronic, or any other media my name, statements and/or performance in whole or in part for purposes of: public education and information, illustration, promotion, art, editorial, trade, or any other lawful purpose.

- I grant these rights forever for the use of news, education, art, the Internet and World Wide Web, and any other lawful purpose whatsoever related to McShin Foundation products and materials.
- I waive any right to inspect and/or approve any products that are developed by The McShin Foundation.
- I waive any right to inspect and/or approve the uses of the product.
- I also release The McShin Foundation, its agents, and officers from any and all claims relating to or arising from the uses above.
- I understand that under no circumstances will I have any right to maintain any cause of action against The McShin Foundation because of this agreement.

I am of full legal age and have the right to sign this contract in my own name. If I am not of full legal age, my parent or guardian will sign on my behalf.

I have read the above statements prior to signing this form and the staff has addressed my questions. I fully understand the content of the agreement and enter into it knowingly and willingly. This consent and release is binding upon me, my heirs, my legal representatives and assigns.

**VERY IMPORTANT: Complete all information below. The first three lines of information will be used to identify you on screen (unless you are an actor appearing in a character role), so please fill them out exactly as you want the information to appear (we have the right to abbreviate some information on screen). Please type or print.**

\_\_\_\_\_  
Name (include any desired prefix, suffix, degrees, rank, or other information that should accompany your name)

\_\_\_\_\_  
Title (or a word or phrase that describes who you are, such as Health Specialist, Person in Recovery, Student, etc.)

\_\_\_\_\_  
Organization or Company (if appropriate)

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Phone Number Email Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of parent or guardian (if client is not yet 18 years old)