



## Publicity and Video/Photo Release Form

I hereby grant to JFF (Jobs for the Future, Inc.) the absolute and irrevocable right and unrestricted permission to use my name, likeness, image, voice, and/or appearance as such may be embodied in any photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of JFF or its partners.

I agree that JFF has complete ownership of such material and can use said material for any purpose consistent with JFF's nonprofit mission. These uses include, but are not limited to, videos, publications, social media, websites, and any promotional or educational materials in any medium.

I acknowledge that I will not receive any compensation for the use of such images, video, likeness, etc.

I hereby release and discharge JFF, and its agents, representatives and assignees from any and all claims and demands arising out of or in connection with the use of my name, likeness, image, voice and/or appearance, including any and all claims for invasion of privacy, right of publicity, misappropriation or misuse of image, and/or defamation.

I represent that I am over the age of eighteen (18) years and that I have read the foregoing and fully understand its contents.\* This release shall be binding upon me, my heirs, legal representatives, and assigns.

This agreement is being made and entered into under the laws of the Commonwealth of Massachusetts and shall be governed and interpreted in accordance with the laws of said state. This agreement embodies the entire agreement of the parties (subject and JFF). No modification of this agreement shall be of any effect unless it is made in writing and signed by all of the parties to the agreement.

Name (Printed): \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* If the person signing is under the age of 18, consent from a parent or guardian is needed. I hereby certify that I am the parent or legal guardian of \_\_\_\_\_, named above, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

Parent/Guardian's Name (Printed): \_\_\_\_\_  
Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_