



Photo and Media Release Form

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video and voice recordings.

A Simple Wish for: _____
Recipients name

I grant to "A Simple Wish", its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize "A Simple Wish", its assigns and transferees the right to copyright, use and publish the same in print and/or electronically.

I agree that "A Simple Wish" may use such photographs of me with or without my name for any lawful purpose, including for such purposes as publicity, illustration, advertising, and Web content.

I also hereby release "A Simply Wish" and its agents, employees and _____ , its agents and employees from
Referring Organization or Individual

any claims, demands, and liabilities whatsoever in connection with the above.

I have read and understand the above:

Signature _____

Printed name _____ Date _____

Signature of POA _____
(If subject is incapacitated) (Copy of POA must accompany this release)

Printed name _____ Date _____

Signature of parent or guardian _____
(If subject is under age 18)

Printed name _____ Date _____