

Collaborative E-News Photo Release Form

I understand that I am to receive no compensation of any kind for my appearance in such photograph(s) or videos or the use thereof.

I understand that the photograph(s) or videos may be cropped or edited by the editors of the NHPMC E-News and that the NHPMC E-News shall have complete ownership of the photograph(s)or videos, and shall have the right to make use of the photograph(s)or video.

I (and any minor appearing) hereby release and hold harmless the NHPMC E-News, its representatives and agents, from any and all proprietary rights, actions, damages, liabilities and causes of action of any kind, both at law and in equity, including any attorney's fees and costs, that may be asserted in connection with or arising out such use. I am 18 years of age or older.

If the person appearing in the photograph is a minor (under 18 years of age), a parent or legal guardian must sign this release.

Name of adult or minor in photograph:			
Signature or Parent/Legal Guardian Signature:			
Printed Name:			
Home Address:	State:	Zip:	
Phone:			

Please keep a copy of this photo release form for your records and e-mail a signed copy to nhpyramidmodel@snhs.org

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