



Photograph & Video Release Form

I hereby grant permission to Southern Oregon Friends of Hospice to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration and for use in video productions, print material or on the internet.

I hereby release Southern Oregon Friends of Hospice, its employees, contractors and any third parties involved in the creation and publication of any material using my image, likeness and sound of my voice as recorded on audio or video tape from all claims of every kind on account of such use.

Full Name_____

Street Address/P.O. Box_____

City_____

Postal Code/Zip Code_____

Phone _____ Cell _____

Email Address_____

Signature_____ Date_____

If this release is obtained for a minor child under the age of 18, then the signature of that person's parent or legal guardian is also required.

Parent's Signature_____ Date_____