

Equality Jackson

731-215-0521
equalityjacksontn@gmail.com
http://equalityjacksontn.org/
PO Box 12164
Jackson, TN 38308-0136



PHOTO/VIDEO RELEASE

Permission to Use Photograph

For good and valuable consideration, the receipt of which is hereby acknowledged, I, _____, hereby grant Equality Jackson permission to use my likeness in a photograph/video in any and all of its publications, including but not limited to all of Equality Jackson's printed and digital publications. I understand and agree that any photograph/video using my likeness will become property of Equality Jackson and will not be returned.

I acknowledge that since my participation with Equality Jackson is voluntary, I will receive no financial compensation.

I hereby irrevocably authorize Equality Jackson to edit, alter, copy, exhibit, publish or distribute this photo/video for purposes of publicizing Equality Jackson's programs or for any other related, lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph/video.

I hereby hold harmless and release and forever discharge Equality Jackson from all claims, demands, and causes of action, which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Printed Name: _____

Date: _____

Signature: _____

Signature: _____

Signature of guardian if under age of 18.