



Midland Area Community Foundation
Photo Release Form

76 Ashman Circle

Midland, MI 48640

*Please complete a separate release form for each person featured in the materials.
Please provide all the information asked for below.*

Name of individual in photo: _____

Address: _____

Phone Number: _____

Signature: _____ **Date:** _____

Please check all that apply:

This material will be used in the form of

News Release Photographs Video Audio

to be used for the purpose of promoting the Midland Area Community Foundation for an indefinite period of time, unless specified below.

**IF PERSON BEING USED IN THE MATERIAL IS UNDER 18 YEARS OF AGE,
PARENT OR LEGAL GUARDIAN MUST SIGN THIS FORM.**

I (we) give my (our) permission to the Midland Area Community Foundation to use my child's photograph or any likeness for publicity relating to the Midland Area Community Foundation for this or similar promotions and grant to the Midland Area Community Foundation any and all rights to said use without further compensation. It is my (our) understanding that my signature below releases the Midland Area Community Foundation from any financial or legal responsibility for the use of this media relations/promotional material(s).

Name (Please Print): _____

Signature: _____ **Date:** _____

Relationship to child: _____



Confirmed in Compliance with National Standards for U.S. Community Foundations