



MODEL RELEASE FORM

I hereby give my consent to the Harrison County Community Foundation (HCCF) to photograph, film and/or record and use, reproduce, and publish images of me and/or my child/children. I waive any right to inspect or approve the finished product.

Printed name: _____

I agree that the photographs, film and/or recordings thereof shall become the sole property of HCCF, with full right of disposition in any manner whatsoever, including the right to publish in all forms of media.

I hereby release HCCF and its legal representatives and assigns from any and all claims whatsoever in connection with the use, reproduction and publication of the images thereof.

Signature: _____

Date: _____

Phone: _____

Email: _____