



**AUTHORIZATION FOR RELEASE OF IMAGES**

**R 400.12211 Privacy Safeguard**

I, the undersigned, give my permission to Greater Hopes, Inc. AKA: Greater Hopes Family Services to use photographs and/or video recordings of my image/likeness and to photograph and video record my image/likeness. I also give such permission regarding my child(ren) as noted below:

Name	Date of Birth	Name	Date of Birth
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I, hereby grant permission to Greater Hopes, Inc. to edit, crop, or retouch such photographs and video recordings, and I waive any right to inspect the final product. I hereby consent to and permit the photographs and video recordings to be used for any purpose, including promotional and advertisement purposes, and in any medium, including print and electronic. I understand that the photographs video recordings may be used with or without associating names thereto. I further waive any claim for compensation of any kind for the use or publication of the photographs.

I, hereby discharge and release Greater Hopes, Inc. from any claim for damages of any kind (including, but not limited to, invasion of privacy; defamation; false light or misappropriation of name, likeness, or image) arising out of the use or publication of the photographs and/or video recordings by Greater Hopes, Inc. I covenant and agree not to sue or otherwise initiate legal proceedings against Greater Hopes, Inc. for such use or publication. All grants of permission and consent, and all covenants, agreements, and understandings contained herein are irrevocable.

I acknowledge and represent that I am over the age of 18, have read this entire document that I understand its terms and provisions, and that I have signed it knowingly and voluntarily on behalf of myself and any children named above.

We have made or kept a copy for our records.

Printed Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_