

## **AUTHORIZATION AND RELEASE**

I hereby authorize the American Foundation for the Blind and other persons acting on their behalf of the foregoing, to use my, or my child's, name and any films, slides, audio tapes, videotapes, and sound recordings, photographic prints, and other reproductions of me, my likeness and voice resulting from my participation in the photo shoot for the American Foundation for the Blind. These audiovisual works may be used for any use whatsoever, including, but not limited to training, promotion, and advertising in print and on the Internet. I understand that this authority includes the right to make alterations and additions to the copies of any of the audiovisual works.

I also, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge those herein authorized to use such audiovisual works, of and from all and all manner of action and actions, cause or causes of actions, suits, debts and claims for sums of money, royalties, dues, and claims and demands of any nature whatsoever, in law or equity, arising out of the use of such audiovisual works.

This authorization shall become effective on the date affixed below, and shall continue for as long as the audiovisual works described herein are used in accordance with the terms and conditions herein set forth.

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

Name (Print): \_\_\_\_\_

Email address: \_\_\_\_\_

Name of child (if under 18): \_\_\_\_\_

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