



The Bennie Adkins Foundation
PO Box 1760
Opelika, Alabama 36803
www.bennieadkinsfoundation.org
bennieadkinsfoundation@gmail.com

PHOTOGRAPHIC/VIDEO CONSENT AND RELEASE FORM

I hereby authorize and grant to the Bennie Adkins Foundation, its agents, representatives, employees, and anyone else acting on its behalf the authority and right to:

- 1) Photograph, videotape, audio record, televise, duplicate, and/or otherwise record my image, my property, my voice and/or likeness, in any digital or electronic medium (hereinafter “the Recordings”);
- 2) use my name in connection with the Recordings;
- 3) copyright, use, reproduce, publish, display, exhibit, or distribute in any medium (including but not limited to print publications, broadcast, displays, video tapes, CD-ROM, Internet/WWW) the Recordings, with or without my name, for any purpose that the Bennie Adkins Foundation, and those acting pursuant to its authority, deem appropriate, including, but not limited to promotional and advertising efforts.

I waive any right to inspect or approve the Recordings that may be used now or in the future, whether that use is known to me or not.

RELEASE: I RELEASE THE BENNIE ADKINS FOUNDATION AND THOSE ACTING PURSUANT TO ITS AUTHORITY FROM ALL LIABILITY ARISING OUT OF THE USE OF THE RECORDINGS, ANY VIOLATION OF ANY PERSONAL, PRIVACY, PUBLICITY OR PROPRIETARY RIGHTS I MAY HAVE IN CONNECTION WITH THE ABOVE REFERENCED USE, OR ANY CLAIMS BASED ON ANY DISTORTIONS, OPTICAL ILLUSIONS, OR MECHANICAL REPRODUCTIONS. I UNDERSTAND THAT ALL THE RECORDINGS, IN WHATEVER MEDIUM, SHALL REMAIN THE PROPERTY OF THE BENNIE ADKINS FOUNDATION.

INITIALS



The Bennie Adkins Foundation
PO Box 1760
Opelika, Alabama 36803
www.bennieadkinsfoundation.org
bennieadkinsfoundation@gmail.com

I understand that I will not be compensated for the use of the Recordings.

I understand that this is a legal document and represent that I have read it, that I fully understand the terms of this release, and that I am signing it voluntarily:

Signature _____

Printed name _____

Organization Name (if applicable) _____

Address _____

Date _____

Signature, parent or guardian _____ (if under age 18)