



United Way of the Dutchess-Orange Region

PHOTO/SOUND RECORDING RELEASE FORM

WITH MY SIGNATURE BELOW, I HEREBY GIVE TO UNITED WAY OF THE DUTCHESS-ORANGE REGION, MY FREE AND UNLIMITED CONSENT AND PERMISSION, FOR NO MONETARY OR OTHER FORM OF COMPENSATION, EXCLUSIVE RIGHT TO USE ON ITS BEHALF AND AT ITS DISCRETION, ANY PHOTOGRAPHS, VIDEO, AND SOUND RECORDINGS TAKEN OF ME AND/OR MY PROPERTY, REPRESENTING MY INVOLVEMENT WITH UNITED WAY OF THE DUTCHESS-ORANGE REGION.

NAME: _____

SIGNATURE: _____

(if under the age of 18 a parent or guardian must sign below)

GUARDIAN'S SIGNATURE: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL: (if you would like a copy) _____