

CONSENT AND RELEASE FORM

I hereby authorize Henrico Community Food Bank (HCFB) to use, reproduce and distribute my photographs and/or any other representation of me in connection with printed materials or other media he distributes, displays, transmits or exhibits. Such distributions, displays, transmissions or exhibits may include, but are not limited to, publications, newsletters, magazines, brochures, digital storage devices, and websites. I understand that my authorization grants HCFB the right to use, reproduce and distribute my name, photograph and/or any other representation of me without compensation or further notice. I certify that I am 18 years of age or older*, and I hereby release and discharge HCFB for any and all liability arising out of or relating to the foregoing.

I have read and understand this release.

[Name, please print]:		
[Address, please print]:		
Email Address:		
Phone:		
Acknowledged and Consent	ed to:	
Signature:		
Date Signed:		
*Parent/guardian agrees to	terms of consent and release if subject	is under 18 years of age.

Parent/guardian Signature: _____