



## **CONSENT FORM AND WAIVER FOR ADULTS, MINORS, PARENTS, CHILDREN, FAMILY**

### **AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION AND/OR PUBLIC USE OF IMAGE (PHOTOGRAPH OR VIDEOTAPE)**

I hereby give consent to the NIXONSTRONG Foundation Inc. (hereinafter "NIXONSTRONG") to take and use images (photographs or videotape) or sounds recordings of me, my children and/or dependent minors and persons named below for whom I am giving authorization and consent, to disclose, distribute, display, reference, and use in any reasonable manner as NIXONSTRONG determines in its sole and absolute discretion (publicly and privately), all information about me and/or the minor or person, to or in any possible medium, including radio, television, internet or print, or in publication. I understand that the intended use of such images and information is for any and all purposes, including advertising, marketing, fundraising or promotional purposes pertaining to NIXONSTRONG .

I understand that information to be disclosed and or used by NIXONSTRONG may include information about the undersigned and those referenced below from interviews and or information derived from third parties, as well as those named below. I hereby waive the right to or interest in the confidentiality of this information or images taken and disclosed to the public, as contemplated in this release.

I acknowledge that this consent and authorization for release of confidential information is being made solely for the benefit of NIXONSTRONG and without any expectation of compensation or other benefit to those referenced below, or the family or thereof. To the extent that any benefit accrues or might accrue to NIXONSTRONG from the use of images or disclosure of information, I hereby and forever waive any interest in/or claim to such benefits.

I hereby release and forever discharge NIXONSTRONG (including without limitation all corporate affiliates and officers, directors, trustees, employees, staff members and agents) from any and all claims, liability, actions, suits, demands, costs, expenses or indebtedness arising out of, related to, or in any way connected with the use of images or disclosure of the information and materials described herein, and I hereby waive all rights and interest in and to such information and materials.

I have been informed that once this information is disclosed it may no longer be protected by federal privacy regulations. I have been informed that this authorization is voluntary.

This Agreement is governed by the laws of the State of Utah.

\_\_\_\_\_  
Name(s) of Minor or Person providing Release to NIXONSTRONG (please print)

\_\_\_\_\_  
Relationship to Minor(s)

\_\_\_\_\_  
Signature(s) of Consenting Individual, Parent or Guardian

\_\_\_\_\_  
Date