



MULTIMEDIA CONSENT AND RELEASE FORM

(Please complete and send PDF or JPG/PNG to marketing@tag4life.org)

I/We: _____
(print name)

Being (check the appropriate box):

Myself

The parent(s) and/or legal guardian(s) of:

(print name if not "Myself")

HEREBY CONSENT to tag4life™ taking, exhibiting, and/or publishing media such as photographs, video recordings, and sound recordings, now and in the future, for the following reason(s): Individual photographs, group photographs, video recordings, sound recordings, and other media for public relations purposes. Public relations may include various media, including but not limited to newspapers, magazines, radio, television, websites, internet, and social media.

I/We further understand that tag4life™ owns all rights to all such media, and I/we release tag4life™ from all liability arising out of any publication or other use of that media now and in the future.

I/We declare that I/we have read this MultiMedia Consent and Release Form, or that it has been read and explained to me/us, and I/we fully understand and consent to it.

(signature) (date)

(email address)

Saving One Life - Yours™