



Blue Ridge Area
FOOD BANK



Media Authorization Form Photograph/Audio/Video/Story Release

SUMMARY: The Blue Ridge Area Food Bank (the Food Bank) seeks your permission to collect your story, photographs, audio, and/or video recordings of you and your children (if applicable). The Food Bank may use these materials for promotional purposes in our digital and print media (including but not limited to social media, websites, ads, and newsletters) and educational or training materials.

DETAILS: I agree to let the Food Bank and its partners take and use photos, videos, or recordings of me and my property. They can use this media for up to three years in ads, promotions, and educational or fundraising materials in any format (print, online, or broadcast). I understand the media becomes the Food Bank's property, and I won't be paid or have any say in its use. I also agree that the Food Bank can authorize others (such as a corporate donor) to use the media, but they may do so only with the Food Bank's approval.

I confirm that:

1. I am legally allowed to sign this agreement, or my parent/guardian has signed below.
2. I have the right to let the Food Bank use my media without breaking any other agreements.
3. I've gotten permission from anyone shown in any media I've given to the Food Bank.

I agree not to hold the Food Bank or its agents responsible for any claims or legal issues (past, present, or future) related to the media or its use. This includes things like copyright or privacy violations, or how the media is edited or displayed. I also won't hold the Food Bank responsible for claims from others about inaccuracies or breaches of this agreement.

I understand that:

1. This agreement is legally binding.
2. I may withdraw permission to use my story at any time by notifying the Food Bank in writing. Upon receiving this request, the Food Bank will stop using my story in future materials. Please note, previously published materials cannot be recalled or removed.

I've read (or had read to me) and understand this agreement and am signing it willingly.

Participant full name (print): _____

Participant signature: _____

Best phone number: _____

Email (optional): _____

Date: _____

FOR MINORS: I confirm that I am the parent or legal guardian of the participant, who is under 18, and I have the authority to sign this agreement. I give the Food Bank permission to use the participant's photos, videos, and recordings for the promotional purposes described above. By signing below, I confirm that I have read (or had read to me) and understand this release, and I'm signing it willingly. I consent to the use of the participant's media and agree to the terms of this release on their behalf.

Relationship to participant: _____

Legal Guardian name (print): _____

Legal Guardian signature: _____



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Thank you for allowing us to use your story.

Here's a copy of our Media Authorization Form Photograph/Audio/Video/Story Release

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