

Donate Life Connecticut

Image Release Consent Form



I, _____ being of legal age, hereby consent: (a) that the photographs, audio/videotapes, electronic images and/or other works in which I appear or am depicted may be used by Donate Life Connecticut and their affiliates for outlets including but not limited to television, newspapers, internet, organizational publications and websites, recruitment materials, and ads without limitation; and (b) to release and waive any and all rights to the aforementioned to Donate Life Connecticut so that they shall have all ownership rights including but not limited to, the right to publish, reproduce, distribute and make other uses free of all claims and/or damages that I may incur. Any restrictions to the above are stated below.

Date

Address

Name: Type or Print

City/State/Zip Code

Signature

Telephone number

Restrictions

Upon receipt, please sign and return to Alison Keating at,
Donate Life Connecticut – P.O. Box 278, Durham, CT 06422