

AUTHORIZATION AND CONSENT FOR RECORDING AND PHOTOGRAPHY

THIS AUTHORIZATION AND RELEASE is given by me, _____, to the NAME OF YOUR ORGANIZATION HERE, a Colorado nonprofit corporation.

Authorization to Record and Use Image and Information

I give NAME OF YOUR ORGANIZATION the right, license and permission to use and distribute my photo, voice, image, likeness, name, age, hometown, and other personal information, including information relating to my health ("Personal Information") in materials, including but not limited to, print and electronic publications, newsletters, websites, social media channels, audio and video recordings, and advertising and promotional materials, regardless of media without any compensation and I waive all claims of invasion of privacy, defamation, or other violation of personal rights in association therewith.

Release

I hereby release, waive, and discharge NAME OF YOUR ORGANIZATION and any of its parents, subsidiaries or otherwise affiliated corporations, partnerships or business enterprises, and their respective present and former directors, shareholders, employees and assigns (the "Released Parties"), from any and all causes of action, claims, charges, demands, losses, damages, costs, attorneys' fees and liabilities of any kind that I may have or claim to have in any way relating to or arising out of the use of my personal Information in the campaign materials.

Adults – 18 and older

By signing below, I certify that I am over the age of 18, have read the above authorization and release and fully understand and agree with it.

Signature

Date of Birth

Printed Name

Date

Youth – Younger than 18

By signing below, the minor and their parents/legal guardians certify that they have read the above authorization and release, and fully understand and agree with it. If only one parent/legal guardian signs below, they certify it is because (a) the other parent is dead or incapacitated, or a court order exists, or (b) they have made a good faith effort to obtain the signature from the second parent/guardian but have been unsuccessful for reasons beyond their control.

Minor's Signature (if too young to understand, leave blank)

Date of Birth

Printed Name

Date

Parent/Guardian's Signature

Date of Birth

Printed Name

Date

Parent/Guardian's Signature

Date of Birth

Printed Name

Date