



RAICES Media Release Form

I grant permission to RAICES to use my image (photographs and/or video) for use in *RAICES* publications including videos, email blasts, recruiting brochures, newsletters, promotional materials, social media and magazines and to use my image in electronic versions of the same publications or on the *RAICES* website or other electronic forms of media.

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image, voice recording or likeness by RAICES, its partners or advertisers. I understand RAICES will retain rights to this footage, imagery, and/or recordings from now until these rights expire under United States and International Copyright Law.

Please check the paragraph below which is applicable to your present situation:

____ I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing or verbally addressing concerns with RAICES staff prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

____ I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing or verbally addressing concerns with RAICES staff, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Date: _____ Name (please print): _____

Address: _____

Signature: _____

Signature of parent or legal guardian (if under 18 years of age): _____