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## **PHOTOGRAPHIC/VIDEO CONSENT AND RELEASE FORM**

I hereby authorize and grant to the Green Beret Foundation, its agents, representatives, employees, and anyone else acting on its behalf the authority and right to:

- 1) Photograph, videotape, audio record, televise, duplicate, and/or otherwise record my image, my property, my voice and/or likeness, in any digital or electronic medium (hereinafter “the Recordings”);
- 2) use my name in connection with the Recordings;
- 3) copyright, use, reproduce, publish, display, exhibit, or distribute in any medium (including but not limited to print publications, broadcast, displays, video tapes, CD-ROM, Internet/WWW) the Recordings, with or without my name, for any purpose that the Green Beret Foundation, and those acting pursuant to its authority, deem appropriate, including, but not limited to promotional and advertising efforts.

I waive any right to inspect or approve the Recordings that may be used now or in the future, whether that use is known to me or not.

**RELEASE: I RELEASE THE GREEN BERET FOUNDATION AND THOSE ACTING PURSUANT TO ITS AUTHORITY FROM ALL LIABILITY ARISING OUT OF THE USE OF THE RECORDINGS, ANY VIOLATION OF ANY PERSONAL, PRIVACY, PUBLICITY OR PROPRIETARY RIGHTS I MAY HAVE IN CONNECTION WITH THE ABOVE REFERENCED USE, OR ANY CLAIMS BASED ON ANY DISTORTIONS, OPTICAL ILLUSIONS, OR MECHANICAL REPRODUCTIONS. I UNDERSTAND THAT ALL THE RECORDINGS, IN WHATEVER MEDIUM, SHALL REMAIN THE PROPERTY OF THE GREEN BERET FOUNDATION.**

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INITIALS

I understand that I will not be compensated for the use of the Recordings.

I understand that this is a legal document and represent that I have read it, that I fully understand the terms of this release, and that I am signing it voluntarily:

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

Organization Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

Signature, parent or guardian \_\_\_\_\_ (if under age 18)

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INITIALS