



Solano Community Foundation  
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## SCF Media Release Form

**Subject's Name:**

**Project Name:**

**Site Location:**

**Photographer's Name:**

**Date of Photograph**

### **MEDIA RELEASE PERMISSION & USE**

By signing below, I give my permission to the authorized photographer to capture and record my still or moving image, voice, written or verbal statements, and identify me by name. I understand that by giving my release, I am allowing the Solano Community Foundation to use my photo(s) and video clip(s) for the purpose of publicity and promoting the work and programs of the Foundation.

I further and irrevocably allow SCF, its advertisers, clients, agents, successors and assigns, unrestricted rights (no fees, and no conditions of use) to use the above mentioned sound, still, or moving images in any medium for the purpose of promoting, marketing, and advertising, without limitation, the mission of the Foundation.

I agree that all rights to the released media submitted belong to SCF, and voluntarily waive the right to inspect or approve such images. This release is effective on the date written below and will remain in effect indefinitely, or until revoked by me in writing.

Subject's Signature

Date

Printed Name of Parent or Legal Guardian (if Subject is a minor)

Parent or Legal Guardian's Signature

Date