



YOUTH ACTION INSTITUTE 2009

PHOTO/FILM RELEASE FORM

(Check one box)

- I hereby irrevocably consent and authorize Campaign To End AIDS to use my likeness and/or photographs in any manner or method of legitimate exhibition, presentation, distribution, sale, transmission or reception, in whole or in part.

I hereby release and discharge Campaign To End AIDS from any and all liability arising out of the use, distribution, sale and presentation of the photographs and/or likeness authorized under this release.

- I decline any and all participation in video or photography.
-

Name of Applicant (print)

Name of Parent or Guardian (if applicable)

Street Address

City, State, & Zip Code

Area Code & Phone Number

Signature of Applicant

Date

Signature of Parent or Guardian (if applicable)

Date