



## Personal Appearance Release Form

In support of the William J. and Dorothy K. O'Neill Foundation's mission to support effective nonprofits who work in partnership with their communities towards a shared vision of health, safety, and empowerment, and for other good and valuable consideration the receipt and sufficiency of which is hereby acknowledged,

I, \_\_\_\_\_,

1. Hereby grant permission, irrevocably and perpetually, to the William J. and Dorothy K. O'Neill Foundation "the Foundation" and their contractors and agents to use my name, likeness, appearance, statements, and biographical facts in photographs, video and other content, including marketing content promoting same (the "Works"), for the purpose of outreach and promotion of the Foundation's mission. I acknowledge that the Foundation may distribute the worldwide Works through any media it deems appropriate, including through internet and social media platforms. I waive my right to any compensation or any right to edit or review the Works.
2. Acknowledge that the Foundation is the owner of the Works, and I hereby assign to the Foundation any right, title, or interest I may have in or to the Works.
3. Waive and release the Foundation from any and all claims and/or demands I may have arising out of or in connection with the use of my video image, photograph, recorded audio, identity, likeness and name, including (but not limited to) claims based on rights of publicity or privacy, defamation or intellectual property rights infringement.
4. Acknowledge that this Personal Appearance Release Form contains all the terms of our agreement, that I have read the foregoing and fully understand and accept the contents, and that this Personal Appearance Release Form is legally binding. Unless my legal parent or guardian has signed this Personal Appearance Release Form below, I certify that I am at least 18 years old.

\_\_\_\_\_  
**Name of subject**

\_\_\_\_\_  
**If photo/video subject is under 18,  
name of parent or guardian**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Signature of parent or guardian\***

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City, State, Zip Code**

\_\_\_\_\_  
**Date**

\*By signing, you are certifying that you are the legal parent or guardian of the photo subject.