



Photo and Promotional Release Form

I hereby consent to be interviewed, recorded, photographed, videotaped &/or filmed by representatives of the LGMD Awareness Foundation for purposes of publication, display or broadcast (print, web, digital display, and all other forms of media).

I agree that such interviews, recordings, articles, quotes, photographs, films, audio, or video and/or any reproductions of same in any form; including photos, articles, videos and/or any other materials that I personally submit, are the property of the LGMD Awareness Foundation and I relinquish any present or future claim for reimbursement for said photographic or film reproduction of my likeness or for said testimonials by me.

I hereby release the LGMD Awareness Foundation, its affiliates, employees, representatives, and agents from any and all claims, demands, costs and liability that may arise from the use of these interviews, recordings, photographs, videotapes or films, and/or any reproductions of same in any form, as described above.

I acknowledge that I have read this consent form in its entirety, or it has been read (or translated) to me, and I have had the opportunity to ask questions about it and understand it.

Date: _____

Name (print): _____

Signature: _____

*Parent or Legal Guardian name (print): _____

*Parent or Legal Guardian signature: _____

Witness: _____

*Parent or Legal Guardian name and signature required for individuals under age 18