

Note for Eye Clinic: Vision Start does not require the collection of patient media (photos, videos, or quotes); however is very helpful when communicating the need for Vision Start with donors and future program beneficiaries. If you do choose to collect patient media, please use this form and send to us along with the media to: kelsey@ofnd.org. Thank you.



Media Release Form



I, (Full Name): _____, grant permission to the Optometric Foundation of North Dakota, Inc. to use my (or if applicable, my child's) photo, video, or likeness for the purpose of promotion for all forms, media and manners, for the following, but not limited to, news releases, photographs, video, audio, website, marketing, advertising, trade, promotion, exhibition for an indefinite period of time.

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.

Please initial the paragraph below which is applicable to your present situation:

_____ **For Self:** I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable of the terms of this release.

_____ **For Child:** I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Signature: _____ Date: _____

Name (please print): _____

Child's Name (if applicable & under 18 years): _____

Address: _____

Phone: _____

Email: _____