

## PHOTO RELEASE

I, \_\_\_\_\_, (parent/guardian) hereby execute this Photo Release on behalf of myself and my child, \_\_\_\_\_, (“Child”) for the benefit of Friends of Infant Toddler Services of Johnson County, its successors, assigns, partners, shareholders, affiliated companies or entities, employees, volunteers, agents, and representatives, and those acting under its permission or on its authority (collectively referred to as “Friends”).

I hereby irrevocably authorize Friends to copyright, use, adopt for trademark purposes, exhibit, and/or publish pictures, portraits, reproductions, and likenesses of my Child (“Images”) provided by me or taken in connection with therapy intervention, regardless of the form or media thereof, including, but not limited to photographs, video, signs, labels, brochures, computerized or digital reproduction, the internet, social media, and television.

I hereby relinquish and grant to Friends unrestricted, absolute, perpetual, worldwide, irrevocable right to use the Images, in all forms and media and in all manners, including composite or distorted representations, for advertising, trade, or any other lawful purposes, and I waive any right to inspect or approve the finished product, including written copy, that may be created in connection therewith prior to publication. I acknowledge that whether any of my Images are actually featured or displayed is a decision solely within the discretion of Friends.

I irrevocably release and discharge Friends from any liability, claim, demand, or cause of action, whether known or unknown, for any reason arising directly or indirectly from the use of the Images described herein, including without limitation any claims for libel, slander, invasion of privacy, copyright or trademark infringement, or any other claim based on the use, exhibition, publication, reproduction, display, or distribution of such Images (“the Released Claims”). I further agree to indemnify and hold Friends harmless against any claim for damages, compensation, or otherwise, and agree to reimburse or make good for any loss, damages, costs, or attorneys’ fees, that Friends may incur in any litigation arising out of any Released Claim made by myself, my Child, or by anyone on our behalf.

By signing this Photo Release I represent that I am 18 years of age or older and that I am the Parent or Guardian of the Child and I am free and authorized to grant this Photo Release. This Photo Release contains the entire agreement between the parties and shall be binding upon and inure to the benefit of the successors and assigns of the undersigned. I have read this Photo Release, fully understand its terms, and I execute it voluntarily.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date