HONOR YOUR OWN Volunteer Recognition
PUBLICITY AND CONSENT RELEASE FORM
(Required for all nominations for those under age 18)

Nominee 1

Name: _____

Address: _____

City: _____ **State:**_____ **Zip:**_____

Telephone: _____ **County:**_____

1. I give Rockford Chapter of the Association of Fundraising Professionals ("AFP") the irrevocable and unrestricted right to take and use my name, picture, likeness, photograph, film, videotape, and/or written and verbal statements in all forms, all media and all manners for any editorial, informational, promotional, fundraising, internet (web site) and/or publicity purposes of AFP. I understand that I may be identified by name, age and/or occupation in connection with the public, private and/or internal use of this material.

2. I grant this consent as a voluntary contribution to AFP and waive any rights I may have in connection with any use of the material, including any right to inspect or approve the finished use and any written copy that may be created in connection with such use. I further understand that I will not receive any compensation for the use of my picture or any media publicity and release AFP and its agents from any and all claims in connection with such use. I release AFP, its licensees, agents, successors, and assigns from any liability for claims and demands arising from such use.

3. I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between AFP and myself, and I have signed of my own free will.

4. Please check one** I am of full age ☐ I am a minor ☐

5. Printed Name_____

   Signature_____ Date_____

****If the individual is under the age of 18, consent of the parent or legal guardian is required.**

I am the parent or guardian of the minor named above and have the legal authority to sign the above Consent and Release form. I approve the terms of Consent and Release and waive any rights in the premises.

Name: _____

Address: _____

City: _____ **State:**_____ **Zip:**_____

Telephone: _____ **County:**_____

Signature: _____ **Date:**_____