



Media Release Form - Submissions Cushing's Support & Research Foundation

I, the undersigned, hereby authorize **Cushing's Support & Research Foundation ("CSRFF")** to use any photographic or electronic reproductions of myself that I submit for use in a campaign or contest for any purpose, including but not limited to educational outreach via newsletter and social media, as may be deemed appropriate by the CSRFF. I understand that I may be identifiable from such photographic or electronic reproduction. CSRFF will never sell or rent your media to others.

I hereby expressly release and hold harmless the CSRFF from any and all manner of liabilities, claims and demands of any kind or nature, whatsoever, in law or equity, whether known or unknown, which I ever had, now have, or in the future may have relating in any way to this release and the footage, materials or program, including my appearance in the foregoing or in any other materials in which the footage or materials are used including claims for invasion of right of privacy, right of publicity, defamation or copyright infringement. I understand that I may not seek any injunctive or equitable relief from the CSRFF (such as the termination of this Release or stopping the usage or distribution of the footage and materials or the program).

If there are other people in the photos or video I submit, I will obtain separate copies of this Media Release Form from them and submit those with my other materials.

Agreed and accepted by:

Name _____

Address _____

Phone _____

Signature _____ Date _____

IF THE ABOVE PERSON IS A MINOR CHILD, PARENTAL CONSENT IS REQUIRED:

I certify that I am the parent or guardian of the child signing above, _____, a minor under the age of 18 years. I hereby consent to the foregoing on behalf of such minor child and join in the representations set forth above.

Signature of Parent/Guardian _____ Date _____