



FEDERATION FOR CHILDREN
WITH SPECIAL NEEDS

**PHOTOGRAPHIC / VIDEO / AUDIO
GENERAL CONSENT AND RELEASE**

I hereby grant permission to the **Federation for Children with Special Needs, also referred to as (Federation or FCSN)** to record my appearance, likeness, image and/or voice on videotape, audiotape, film, photograph, electronic, magnetic, digital, laser or optical-based or in any other medium and to use, re-use, reproduce, copy, modify, publish or republish the same in any form of publication, including, but not limited to print, electronic, video, audio, Internet or other media. I hereby consent to the Federation’s use of such materials for any purpose they deem appropriate, including educational, fundraising or publicity purposes. I agree and consent that the Federation may use my name in connection with such materials.

I hereby irrevocably waive all rights to the use of my likeness for shoot and the subsequent release of materials. I also waive all rights to any claim or cause of action, including, but not limited to, defamation and invasion of privacy.

Name: _____

Signature: _____

Date: _____

***NOTE:** If the person signing above is less than eighteen (18) years old, the parent or guardian of such minor should sign the following Authorization:*

I certify that I am the parent or guardian of the minor who signed the foregoing Consent and, individually and as parent or guardian of the minor, I hereby consent and agree to the terms of the foregoing General Consent and Release.

Name: _____

Signature: _____

Date: _____