



Media Consent and Release Form

By signing this consent and release form, I authorize Meals On Wheels of San Francisco (MOWSF), its affiliates and agents, to use image and likeness – including photographic, motion picture, and electronic images, and/or voice – including sound and video recordings of _____.

I hereby grant to MOWSF, its subsidiaries, licensees, successors, partners and assigns, the right to use, publish, and reproduce, for all purposes, pictures of _____ in film or electronic form, sound and video recordings, and printed and electronic copy in any and all media including, but not limited to: cable and broadcast television and the Internet, and for exhibition, distribution, promotion, advertising, sale, press conferences, meetings, hearings, conferences, and in brochures and other print media. This permission extends to all languages, media, formats and markets now known or hereafter devised. Examples of advertising includes: images on MOWSF vehicles, billboards, and bus shelters. This permission shall continue forever unless I revoke the permission in writing.

I further grant MOWSF all right, title, and interest that I may have in all finished pictures, negatives, electronic files, reproductions, and copies of the original print, and further grant MOWSF the right to give, sell, transfer and exhibit these for marketing, communications, or advertising purposes, as it deems fit.

I hereby waive the right to receive any payment for signing this release and waive the right to receive any payment for MOWSF’s use of any of the materials described above for any of the purposes authorized by this release. I also waive the right to inspect or approve finished photographs, audio, video, multimedia, or advertising recordings and copy or printed matter or computer generated scanned image and other electronic media that may be used in conjunction therewith or to approve the eventual use that it might be applied.

I acknowledge that I have read the foregoing and I fully understand the contents.

IN WITNESS WHEREOF,

I have executed this release on this _____ day of _____, 20_____

Authorized Signature: _____

Printed Name: _____ Self/Relationship: _____

Address: _____ Phone: _____

MOWSF Representative: _____