



PHOTO/VIDEO RELEASE FORM

PERMISSION TO USE PHOTOGRAPH/VIDEO

I grant UR Community Cares, Inc. the right to take photographs of me and/or use my submitted videos/photos.

I authorize UR Community Cares, Inc. its assignees and transferees to copyright, use and publish the same in print and/or electronically.

I agree that UR Community Cares, Inc. may use such photographs of me with or without my name and for any lawful purpose, including for such examples as publicity, illustration and advertising and web content.

Student Printed Name _____

Student Signature _____

Address (Street, Apt., City, State, Zip Code) _____

Email: _____

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____

Date _____

Contact UR Community Cares Team with any questions:

Email: info@urcommunitycares.org

Phone: 860-430-4557

Website: www.URCommunityCares.org