



Release

I give my consent that Combined Jewish Philanthropies (CJP) or any person it authorizes may make a photograph, videotape, motion picture, or sound recording of me (and/or my child under 18) and may use the images or recordings for publicity, or for such other purposes as CJP or its authorized representative might select.

I hereby release CJP and all persons acting with its permission from all liability arising from the use of such materials and I assign all rights which I may have in such materials to CJP.

\_\_\_\_\_

Date

\_\_\_\_\_

Name (print)

\_\_\_\_\_

Location

\_\_\_\_\_

Signed

\_\_\_\_\_

Photographer or Recorder

\_\_\_\_\_

Address

\_\_\_\_\_

Organization

\_\_\_\_\_

City

\_\_\_\_\_

CJP Staff

\_\_\_\_\_

State

\_\_\_\_\_

Email

\_\_\_\_\_

Child's name (if applicable)

\_\_\_\_\_

Age