Photo Release

I hereby grant permission, without reservation, to Jewish Federation of Delaware ("Federation") to take and to use photographs and/or sound/image recordings of my child or minor under my responsibility, to describe and to use the same for promotion of good will, public education, and/or fundraising and other related activities of Federation, and I waive any right to inspect or approve the photograph(s) or finished version(s) of works, including web site, incorporating the photograph(s).

I release Federation, its officers, directors, agents, employees, independent contractors, licensees and assignees (including photographers), from all claims that I may have or might have, for any cause of action arising out of taking and/or use of the photographs and/or any sound/image recordings, and/or description of the same, be it blurring, distortion, alteration, optical illusion, or use of composite form whether intentional or otherwise, that may occur or be produced in taking of the photographs, or any processing tending toward the completion of the finished product, unless it can be shown that they and the publication thereof were maliciously caused, produced and published solely for the purpose of subjecting me to conspicuous ridicule, scandal, reproach, scorn and indignity.

I agree that Federation owns the copyright (or may apply for copyright) in these photographs and other works and creations, and I hereby waive any claims I may have based on any usage of the photographs or works derived there from in any form, may it be printed, projected, televised or transmitted via the web, and/or at any time, be it in the present or in the future, including, but not limited to claims for either invasions of privacy or libel.

I am of full age and competent to sign this release. I agree that this release shall be binding on me, my legal representatives, heirs, and assigns. I have read this release and I am fully familiar with its contents.

_____

Signature of parent or guardian

_____

Name   Name of child or minor

_____

Address

_____

City/State/Zip

_____

Phone

_____

Date of session   Location