



Media Release Form

I hereby voluntarily and without compensation give permission to the GiveWell Community Foundation to capture and record my still or moving image, voice, written or verbal statements, and identify me by name. I understand that by giving my release, I am allowing the GiveWell Community Foundation the right to copy, reproduce, and use all or a portion of my statements/personal story for all purposes, including advertising, trade or any commercial purpose throughout the world and without time restriction.

I release GiveWell Community Foundation and any of its associated or affiliated companies, their directors, officers, agents, employees and customers, appointed advertising agencies, their directors, officers, agents and employees, and licensees from all claims of every kind on account of such use. I waive the right to inspect or approve any use of my statements/personal story and/or photographic/video image(s). I acknowledge I have no ownership rights in the resulting work product.

I have read and understood this Agreement and I am over the age of 18. This Agreement expresses the complete understanding of the parties.

Printed Name: _____ Date: _____

Signature: _____

If granting permission for minors under the age of 18, please complete below:

Name of Minor: _____

I am the parent or guardian of the minor named above. I have the legal right to consent to and do consent to the terms and conditions of this release.

Parent/Guardian Printed Name: _____ Date: _____

Parent/Guardian Signature: _____