

# Consent and Release for Photographs and Video and Audio Recordings



Robert Wood Johnson Foundation

By signing below, I irrevocably agree that:

**1. I give you permission to photograph and record me and to use those photographs and recordings to advance your charitable goals.**

- I give the Robert Wood Johnson Foundation and its agents, co-funders, contractors, employees, grantees, and Trustees (collectively, "RWJF") permission to photograph and record me. These photographs and recordings may include my image, my voice, and my words.
- I give RWJF permission to use the photographs and recordings, in whole or in part, and with or without my name, in publications, presentations, websites, social media services, or any other types of communications to advance your charitable goals, which include, but are not limited to, education, training, research, public relations, marketing, and use by or for the news media.
- I also give RWJF permission to use my name, image, or other information about me for communications related to the photographs, recordings, and materials that may be created from them.

**2. I shall have no rights in the photographs, recordings, or materials that may be created from them, even though those materials may feature my image, my voice, and my words.**

- I will not have the right to inspect or approve the use of the photographs, recordings, or materials that may be created from them, now or in the future.

**3. I have no legal claims against you or third parties related to the photographs, recordings, or materials that may be created from them.**

- I understand and agree that, by signing this consent, I release any and all legal claims (including, but not limited to, claims based upon copyright, invasion of privacy, defamation, or right of publicity) related to the use of the photographs, recordings, or materials that may be created from them. This means that I, my family members, and my heirs have no legal claims against RWJF arising from any use, editing, publication, distribution, or republication of the photographs, recordings, or materials that may be created from them.

I represent that I am 18 years of age or older and that I understand and agree to the terms set forth above.

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PRINTED NAME OF SUBJECT

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SIGNATURE OF SUBJECT

(DIGITAL SIGNATURES CANNOT BE ACCEPTED)

SIGNATURE OF WITNESS

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STREET

CITY

STATE

ZIP

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TELEPHONE

EMAIL

DATE