

Angie Kennedy Educational Foundation (AKEF)

CONSENT FORM FOR SCHOLARSHIP AWARDEES AUDIOTAPE/VIDEOTAPE/PHOTOGRAPH/BIOGRAPHY

I/We, _____ authorize AKEF
(Name of self if 18/over or guardian for under 18)

To audiotape videotape photograph biography _____
Names(s)

I/We agree that the audiotapes, videotapes, DVD/video media, photographs and biography are the property of AKEF and that AKEF may use all or part of the audiotapes, videotapes, photographs and biography solely for the purpose of posting on the AKEF website, promotion of or distribution at special events, printed marketing materials and fundraising and on AKEF's Social Media Sites (Twitter, Facebook, You Tube, etc.).

By signing this form, I/we consent to the release and/or distribution of any audiotapes, videotapes, DVD/video media, photographs and/or biography for the purpose of posting on AKEF's website, promotion of or distribution at special events, printed marketing materials and fundraising and on AKEF's Social Media Sites (Twitter, Facebook, You Tube, etc.).

I/We understand that I/we have the right to revoke this consent (except to the extent that action has already been taken in reliance on it) at anytime by giving written notice to AKEF. I/We understand that refusal to consent will not affect my/our receiving services at AKEF.

Any disclosure of these tapes, photographs or biography beyond the stated purpose requires my/our written authorization. This consent is valid unless I/we revoke it in writing.

(Signature)

Date

(Address)

(City, State, Zip)

(Phone #)

(Email Address)

AKEF Scholarship Awards

Date of Photo/Video/Audio Shoot

Purpose/Event (if applicable)

Distribution: Original to AKEF
Copy to individual