

Photo Release Form

For Fill the Need Foundation/Feeding Cards

I _____,

(please print full name)

do hereby give Fill the Need Foundation/Feeding Cards the right to use my name, picture, portrait, or photograph in all forms and media and in all manners, including composite or other representations, for use in Fill the Need Foundation/Feeding Cards websites, greeting cards, publications, communications and promotions.

Signature: _____

Address: _____

Email: _____

Telephone: _____ Date: _____

MINOR CONSENT

I am the parent and guardian of the minor named above, and have the legal authority to execute the above release. I approve the foregoing and waive any rights in the premises.

Full Name (please print): _____

Signature: _____

Address: _____

Telephone: _____ Date: _____

Fill the Need Foundation / Feeding Cards Contact:

Beth Oelkers, Executive Director (email beth@ftnf.org)

Toll-free 1-800-828-9981 Fax: 480-588-1937

Address: 10115 East Bell Rd #107-137 Scottsdale AZ 85260

www.FeedingCards.org

www.FilltheNeedFoundation.org

