



## Release Form

I agree that you may use my or my child's photograph by any media throughout the world in perpetuity for purposes pertaining to anti-tobacco, child health and development education, and philanthropy, and you and your licensees or assigns may use my or my child's likeness in connection therewith.

I waive any and all claims or demands of any nature which I or my child may now have or may thereafter have against you and/or against any person, corporation or other entity to whom you may assign or transfer your rights in the material and/or uses of my or my child's photograph.

My or my child's photograph may be produced, distributed and or exhibited only in conjunction with activities pertaining to anti-tobacco, child health and development activities, and philanthropic programs. I acknowledge that no monetary compensation is or will be payable to me or my child in the event that these photos are used.

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Name

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Address

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Phone Number

Name and age of your child:

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Signature