

Solano Dignity and Care Foundation (SDACF) Volunteer Photo & Media Release Form

Organization Name: [Solano Dignity and Care Foundation] **Activity/Event:** [Dignity Day] **Location:** [Solano Dream Center/Transformation Village – Vallejo, CA]

1. Grant of Rights

I hereby grant **[SDACF]** the irrevocable right and permission to use photographs and/or video recordings of me taken on **[Date]** at the above-mentioned event.

I understand that these images may be used in various formats, including but not limited to:

- Social media platforms (Facebook, Instagram, LinkedIn, etc.)
- Organizational websites and blogs
- Grant applications and annual reports
- Printed brochures, newsletters, and promotional materials

2. Waiver of Compensation & Inspection

I agree that I will receive no financial compensation for the use of these images. I waive any right to inspect or approve the finished product (including written copy or edited video) wherein my likeness appears.

3. Release of Liability

I hereby release and hold harmless **[Solano Dignity and Care Foundation]** from any and all claims, demands, or causes of action that I may have by reason of this authorization, including any claims for defamation or invasion of privacy.

Volunteer Acknowledgment

Volunteer Name (Print): _____

Signature: _____ **Date:** _____

If Volunteer is under 18 years of age: I am the parent or legal guardian of the volunteer named above. I have read this release and approve of its terms.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ **Date:** _____
