



## Media Release Form

This document confirms the agreement between \_\_\_\_\_ and “I Have A Dream” Foundation of Boulder County (“I Have A Dream”) regarding participation in Dreamer Scholar activities in which \_\_\_\_\_ may be photographed or videotaped, from time to time.

For valuable consideration received, I hereby grant to “I Have A Dream” perpetually, exclusively, and for all media throughout the world (including print, non-theatrical, home video, CD-ROM, Internet and any other electronic medium presently in existence, or, invented in the future), the right to use and incorporate (alone or together with other materials), in whole or in part, photographs or video footage taken of me, as a result of my participation in Dreamer Scholar activities (“the Property”).

I hereby agree that I will not bring, or consent to others bringing, claim or action against “I Have A Dream” on the grounds that anything contained in the Property, or in the advertising and publicity used in connection herewith is defamatory, reflects adversely on me, violates any other right whatsoever, including, without limitation, rights of privacy and publicity. I hereby release “I Have A Dream,” its Board Members, Staff, AmeriCorps Members, Mentors, Tutors, and other Volunteers from and against any and all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities and damages whatsoever that I may hereafter have against “I Have A Dream” in connection with the Property.

This agreement shall not obligate “I Have A Dream” to use the Property or to use any of the rights granted hereunder, or to prepare, produce, exhibit, distribute, or exploit, the Property. “I Have A Dream” shall have the right to assign its rights hereunder, without my consent, in whole or in part, to any person, firm, or corporation.

AGREED TO AND ACCEPTED this \_\_\_\_\_ day of \_\_\_\_\_ year of \_\_\_\_\_

\_\_\_\_\_  
Participant’s Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Participant’s Printed Name

\_\_\_\_\_  
Parent/Guardian’s Signature (if participant is a minor)

\_\_\_\_\_  
Parent/Guardian’s Printed Name