



Photographs and Video Consent, Waiver, Indemnity and Release

The mission of the Colby Olsen Foundation is to raise awareness of the issues that affect the daily lives of the LGBTQ+ Youth & Seniors members of our community. Our goal is to raise funds through grants, donors and events that support the foundation’s mission and core values.

I hereby grant permission to The Colby Olsen Foundation and its representatives to take photographs or videos of me and to make recordings of my voice at the event or location noted below.

First and Last Name (Printed): _____

E-mail _____ Phone _____

Parent/Guardian Name (if under age 18): _____

I further grant to the producers and their representatives the right to reproduce, use, exhibit, display, broadcast and distribute and create derivative works of these images and recordings in any media now known or later Developed. I acknowledge that The Colby Olsen Foundation owns all rights to the images and recordings.

Waiver, Indemnity and Release

I hereby waive any right to inspect or approve the use of the images or recordings or of any written copy. I further waive all moral rights. I also waive any right to royalties or other compensation arising from or related to the use of the images, recordings, or materials. I hereby release, defend, indemnify and hold harmless the producers from and against any claims, damages or liability arising from or related to the use of the images, recordings or materials, including but not limited to claims of defamation, invasion of privacy, or rights of publicity or copyright infringement, or any misuse, distortion, blurring, alteration, optical illusion or use in composite form that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution. I am 18 years of age or older and I am competent to contract in my own name. I have read this document before signing below, and I fully understand the contents, meaning and impact of this consent, waiver, indemnity and release. This consent, waiver, indemnity and release is binding on me, my heirs, executors, administrators and assigns.

Signature (if age 18 or older)

Date

Signature of Parent/ Guardian (if under age 18)

Date

Signature of Witness

Date

We are a 501(c)(3) LGBTQ+ foundation that supports, advocates, provides resources and education to the public. We provide opportunities for personal enrichment through workshops and community outreach programs. In addition to raising awareness that supports youth and senior centers, we donate funds to all the LGBTQ+ organizations in our community.