



Media Release Form

I, _____ (print name), do hereby give the Virginia Department of Social Services and the Office on Volunteerism and Community Service ("Office"), and Office's authorized agents the absolute and irrevocable right to use my name (or any fictional name), likeness, portrait, photograph, or motion picture and audio recording which you may make of me ("Works") in all forms, including in whole or in part, in all manners, and in all media, whether now known or hereinafter discovered, without any restriction as to changes or alterations (including but not limited to composite or distorted representations or derivative works made in any medium) for advertising, trade, promotion, exhibition, editorial, or any other lawful purposes.

I acknowledge that I have no rights with respect to the Works and I waive any right to inspect or approve the Works or finished version(s) incorporating the Works, including written copy, if any, that may be created and appear in connection therewith. I hereby release and agree to hold harmless (Program Name), Office, Board, and Office's authorized agents from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form whether intentional or otherwise, that may occur or be produced in the capturing of the Works, or in any processing tending toward the completion of the finished product, unless it can be shown that they and the publication thereof were maliciously caused, produced, and published solely for the purpose of subjecting me to conspicuous ridicule, scandal, reproach, scorn, and indignity. I agree that the Works creator owns the copyright in the Works and I hereby waive any claims I may have based on any usage of the Works or their derivations, including but not limited to claims for either invasion of privacy or libel.

I am of full age* and competent to sign this release. I agree that this release shall be binding on me, my legal representatives, heirs, and assigns. I have read this release and am fully familiar with its contents.

Member (Printed) Name: _____

Member Signature: _____ Date: _____

Witness (Printed) Name: _____

Witness Signature: _____ Date: _____

***Consent (if applicable)**

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

Guardian (Printed) Name: _____

Guardian Signature: _____ Date: _____