

Skees Family Foundation Media Release Form

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These materials will be used solely to advance the mission and programs of our foundation and partners. You also retain the right to share your likeness, voice, and/or personal identification that appear in our print and online materials.

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By signing this release, you also understand that the Skees Family Foundation is unable to provide you with financial or other remuneration for recording your likeness and/or voice, either for initial or subsequent usage and is not responsible for any expense or liability incurred as a result of your participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I agree with the above provisions and hereby grant the Skees Family Foundation permission as requested above.

Printed name (under 18)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Printed name of parent/guardian (if above is under 18)

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Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OK to use last name: Yes\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_

Skees Family Foundation staff\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_