



**CONFIDENTIALITY & PHOTO
RELEASE FORM**

Participant Full Name (PRINT CLEARLY): _____

Employer/Organization (if involved with Foodbank through a group): _____

Employer/Organization Address: _____

CONFIDENTIALITY: As a Second Harvest Foodbank of Southern Wisconsin ("SHFB") Volunteer, I agree that I will not disclose ANY confidential information received during the course of my volunteer assignment, during or at any time after the assignment has been completed. This includes donor names, addresses, phone numbers, transaction information, or other personal information. I further understand that any breach of this duty to maintain confidentiality could be grounds for possible liability in any legal action that might arise from any such violation.

PHOTO RELEASE: I consent to the photographing of my person and property and the use of my photograph, name, likeness, voice, and words ("Photographs") and grant to SHFB and anyone authorized by them (collectively, "SHFB and its agents") permission to use, reproduce, display, broadcast, alter, modify, and/or copyright and renew all Photographs or likeness, taken by SHFB or provided to SHFB, for any purpose, including, but not limited to, use in advertising, promotional, public relations, educational and fundraising materials, all media, including, without limitation, in broadcast, cable, electronic and print media ("SHFB Materials"), without limitations or compensation (such use being defined herein as the "Use"). I agree that the Photographs, images and likeness become the property of SHFB, and may not be returned. I understand that SHFB, shall own all rights and I waive any right to inspect or approve of my images use in SHFB Materials. I understand that I will not have any rights of ownership. I understand that my photograph and likeness will not necessarily be used by virtue of this agreement.

I declare that: (1) I am of legal age and I have every right to contract in my own name, or my parent or legal guardian has signed below; (2) I have every right to grant SHFB the use of my Photograph or likeness without violating other commitments; and (3) the appropriate releases and/or authorizations have been obtained from any and every person shown in any Photographs I provided to SHFB.

I hereby agree to hold SHFB, and its agents harmless from any past, present and future claims, actions, demands, liability, rights, damages or losses ("Claims"), that I, my beneficiaries, administrators, executors or assigns had, have now or may have in the future in connection with the Photographs or likeness and/or the Use, including without limitation, any actions for trademark or copyright infringement, violations of rights of publicity or privacy, or for blurring, distortion, alteration, optical illusion, or any use of the Photographs. I agree to hold SHFB and its agents harmless from any Claim by any third party arising out of any inaccuracy or breach of any representations and warranties herein.

I understand and agree: (1) that this Release is binding and (2) this Release constitutes an agreement between myself and SHFB and no waiver, modification or addition to this Release shall be valid unless in writing and signed by the parties.

I have read this Release or have had it read to me. I understand its contents and sign it voluntarily and of my own free will.

ACCEPTED AND AGREED TO: (PRINT CLEARLY)

Participant Full Name: _____ Participant Signature: _____

Home Street Address: _____ City: _____ State: _____ ZIP: _____

Telephone: (_____)_____ Email: _____ Date: ____/____/____

IF PARTICIPANT IS UNDER 18 YEARS OF AGE, participant's parent or legal guardian must sign this portion of the Photo Release Form: I declare that I am the parent or legal guardian of the minor and that I am able to contract in my own name. I agree to grant Second Harvest Foodbank of Southern Wisconsin permission to use this participant's Photograph and likeness for promotional purposes described above. By signing below and initialing each page of the Release, I acknowledge that I have read the release or have had it read to me and that I understand the contents and sign it voluntarily and of my own free will. I HEREBY CONSENT TO THE USE OF THE PHOTOGRAPHS ON PARTICIPANT'S BEHALF AND AGREE TO THE PROVISIONS OF THIS RELEASE.

(PRINT CLEARLY)

Participant Full Name: _____ Parent/Legal Guardian Relationship to Participant: _____

Parent/Legal Guardian Full Name: _____ Parent/Legal Guardian Signature: _____

Home Street Address: _____ City: _____ State: _____ ZIP: _____

Telephone: (_____)_____ Email: _____ Date: ____/____/____