



## *Community Foundation for San Benito County*

440 San Benito Street  
Hollister, CA 95023  
(831) 630-1924  
[www.givesanbenito.org](http://www.givesanbenito.org)

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### Photo and Video Release of a Minor

Photo/Video Purpose: \_\_\_\_\_

Name of participant: \_\_\_\_\_

Participant Birthdate: \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I give The Community Foundation for San Benito County permission to copyright, use and publish any photograph(s) or video taken of my child for the above mentioned purpose.

I agree that the Community Foundation for San Benito County may use photograph(s) and or video of my child, with or without his/her first name, for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

I release all claims against the Community Foundation for San Benito County with respect to copyright ownership and publication including any claim for compensation related to the use of any photography or video.

I hereby certify that I am the parent/guardian for (youth participant): \_\_\_\_\_

#### Name of Parent or Guardian

Date

Signature of Parent/Guardian

#### Name of Parent/Guardian

Date

Signature of Parent Guardian

CFFSBC Authorized Staff:  
Name:

Title