

**Operation HOPE, LLC**  
**www.operationhopenj.com**  
(732)497-8078

**Photo Release Form**

For valuable consideration given and which is hereby acknowledged to be sufficient, the undersigned hereby grant permission to Operation HOPE, LLC to take or have taken still and moving photo-graphs and films, including television footage, of the following individual:

Participant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

(Please Print) \_\_\_\_\_

The undersigned hereby consent and authorizes Operation HOPE, LLC and its work to use and reproduce the photographs, films, and footage to circulate and publicize the same by all means, including and without limit to, the generality of the newspapers, television media, internet promotion including but not limited to Facebook, YouTube, blogs and webpage, publication, brochures, pamphlets, instructional materials, books and clinical materials. With regard to the foregoing material, no inducement or promises have been made to us/me to secure our/my signature(s) to this release other than the intention of Operation HOPE to use or have used such photographs, films, and footage for the primary purpose of promoting and aiding Operation HOPE and its work.

Consent for Photographs: Yes \_\_\_\_\_ No \_\_\_\_\_

Today's Date: \_\_\_\_\_

Signature (if over 18 years old)

\_\_\_\_\_

Signature of Parent or Legal Guardian if under 18

\_\_\_\_\_

Please Print Name:

\_\_\_\_\_

