

Photo Release Form

NOTE: The completion and submission of this Photo Release Form is entirely voluntary. It is not required as part of the MAMA Foundation scholarship application process, in order to be considered for or to maintain a MAMA Foundation scholarship, or for any other purpose.

I, the undersigned Grantor, hereby grant each of the Grantees (as defined below), individually, irrevocable permission to publish and otherwise use photograph(s) of me and that include me. This includes, but is not confined to, photographs that I may provide to one or more of the Grantees and those that a Grantee may obtain though or from other sources. These images may be published in any manner, including but not confined to websites, social media, publicity materials, posters, press releases, and any other written or electronic materials or media. This also includes without limitation publication by third parties in connection with press releases released by a Grantee. I will hold harmless any and all Grantees from any liability by virtue of alterations to a photograph, such as but not limited to cropping and color and exposure shifts that may occur. As used herein, "Grantees" means and includes the MAMA Foundation, the Mississippi Automotive Manufacturers Association, and their employees, members, board members, officers, representatives, and assigns.

*****Please check one of the options below*****

____ I affirm that I am 21 years of age or older at the time I am signing this Release and that I am fully competent to sign this Release on my behalf.

____ I affirm that I am under 21 years of age at the time I am signing this Release.

I, the aforementioned Grantor, acknowledge that I have read this Photo Release Form and fully understand its implications.

Grantor's Name (print) _____

Address _____

City _____ State _____ Postal Code _____

Grantor's Signature _____ Date _____

*****Section below to be completed only if Grantor is under 21 years of age*****

Release by Parent/Legal Guardian of Grantor:

By signing below, I affirm that I am the parent or legal guardian of the Grantor named above, and that I have legal authority to execute this Photo Release Form on the Grantor's behalf. I have read and fully understand the contents of this document, and consent to the use of said photographs as set forth herein.

Parent/Legal Guardian Name (print) _____

Parent/Legal Guardian's Signature _____ Date _____