Michael Magro Foundation
12 Julian Street
Hicksville, NY 11801

(516) 935-4510
Fax (516) 827-5152
www.michaelmagrofoundation.com

Release and Authorization to record Video and/or Still Photography of a Minor

I, _____, hereby authorize Michael Magro Foundation ("The Foundation") to take & publish still photography or video of (minor) _____.

I represent that I have read and understand the contents of this Release and Authorization, and that I have the authority to sign on behalf of child.

I acknowledge and agree to the following:

1. **Permission for Use: The Foundation has my full permission to use photographs, video recordings, and/or other media of the Minor for promotional, marketing, advertising, and/or educational purposes, including but not limited to websites, social media accounts, print materials, advertisements, and other media formats now or in the future.**
2. **No Compensation: I understand that no compensation will be provided for the use of the Minor's image or likeness, and that The Foundation is under no obligation to use the Minor's image in any specific manner.**
3. **Irrevocability: I understand that this consent is irrevocable, and I will not be entitled to further compensation or review of the materials before or after they are used by The Foundation.**
4. **Waiver of Liability: I hereby waive any right to inspect or approve the finished product, or the use of the Minor's image and/or likeness, and I waive any claim for any form of compensation for the use of such materials. I further agree to hold The Foundation harmless from any liability that may result from the use of the Minor's image or likeness.**
5. **Duration of Use: This consent shall remain in effect for an indefinite period unless otherwise revoked by me in writing. Any revocation will not affect previously published or distributed materials.**
6. **Rights to Content: I acknowledge that all rights to the images, recordings, and related content remain the property of The Foundation, and I have no ownership or control over the content once it is submitted or used by The Foundation.**

Minor's Name & Date of Birth: _____

Signature of Parent/Guardian _____

Relationship to Minor_____

Date: _____

Print Parent/Guardian's Name _____

The mission of the Michael Magro Foundation is to better the lives of children with cancer, pediatric cancer survivors, and their families, as well as other chronic pediatric illnesses.