



**RELEASE**

**Name of Participant:** \_\_\_\_\_

For good and valuable consideration herein acknowledged as received, I hereby grant, in perpetuity, to Services & Advocacy for GLBT Elders, the National Resource Center on LGBT Aging, the National Council on Aging, and the National Institute of Senior Centers ("Authorized Parties") its successors and assigns, authority and permission as follows:

I perpetually and irrevocably give Authorized Parties and its subsidiaries, affiliates, licensees, successors, assigns, agents, affiliated charities, and contractors, my consent and authorization to record and use my likeness, including without limitation my name, image, voice, persona, performance, actions, and statements (my "Likeness"), in any medium and for any purpose whatsoever.

I waive any right to see or approve any recording of my Likeness and any materials in which my Likeness is used. I agree and understand that my Likeness may be modified or distorted and that my own name, a fictitious name, or no name may be used in association with my Likeness. I agree and understand that my Likeness as recorded under this Release and any materials using my Likeness under this Release are the exclusive property of Authorized Parties, and I assign to Authorized Parties, any right, title, or interest I may have in such recordings and materials, including all copyright interests.

I irrevocably release, discharge, and hold harmless Authorized Parties, and its subsidiaries, affiliates, licensees, successors, assigns, agents, affiliated charities, and contractors from any claims, demands, or causes of action that I may now have or may hereafter have for defamation, slander, libel, invasion of privacy or right of publicity, copyright infringement, or any other right arising out of or relating to the recording and/or use of my Likeness.

By signing this Release, I agree and represent that I can enter a contract in my own name, that I have read this Release and fully understand its contents, and that this Release shall be binding upon me and my heirs, legal representatives, and assigns.

**Signature of Participant:** \_\_\_\_\_

**Date:** \_\_\_\_\_