

## 2024 CALIFORNIA LATINO LEGISLATIVE CAUCUS FOUNDATION SCHOLARSHIP PROGRAM

### VISUAL/AUDIO IMAGE RELEASE FORM

Name(s) of Scholarship Program Participant:

\_\_\_\_\_

I, as a participant, or the parent or legal guardian of a minor (under age 18) who is a participant ("participating minor child"), in the 2024 California Latino Legislative Caucus Foundation Scholarship Program, hereby grants to the California Latino Legislative Caucus Foundation, its employees, successors, assigns, agents, and licensees (collectively, the "Foundation"), the right to print, photograph, record, and edit as desired, my name or the name of my participating minor child, and visual/audio images of me or my participating minor child, for the purposes of illustration, broadcast, or distribution in any manner. Visual/audio images are any type of recording of me or my participating minor child, including, but not limited to photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips, or accompanying written descriptions.

If signed below as a participant, or as the parent or legal guardian of a participating minor child, I hereby consent to the Foundation's use of visual/audio images to the full extent described herein. I agree to the use of my or my participating minor child's name, likeness, portrait, picture, voice, and biographical material for educational, program, publicity, and other uses, in connection with the aforementioned 2024 scholarship program at the discretion of the Foundation.

I understand and agree that the Foundation shall have unlimited rights, title, and interest, including copyright, in the aforementioned visual/audio images of me and/or my participating minor child. I waive any right to inspect or approve any finished images or any printed or electronic matter that may be used with them, or to be compensated for them.

I hereby irrevocably grant to the Foundation, the right, in perpetuity, to use the visual/audio images of me or my participating minor child by whatever means exhibited in connection with the aforementioned 2024 scholarship program which include but are not limited to: (i) video production, still photographs and/or voice recordings of me or my participating minor child; and (ii) the actual or fictitious names of me or my participating minor child.

On my own behalf, and on behalf of my heirs, next of kin, executors, administrators, successors, and assigns, I do hereby release the Foundation from any and all claims, liabilities and damages arising out of the rights granted hereunder, or the exercise thereof.

I certify that I am 18 years of age or older.

Signature of Participant, or Parent or Legal Guardian of Participating Minor Child

\_\_\_\_\_

Name of Participant, or Parent or Legal Guardian of Participating Minor  
Child \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail address \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_