

STELLA'S WISH PHOTO RELEASE FORM

I hereby grant Stella's Wish Foundation permission to use my likeness in photograph (s) (video) in Any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by Stella's Wish Foundation, in perpetuity, and for other use by Stella's Wish Foundation including but not limited to use in promotional/marketing materials for the purpose of Publicizing Stella's Wish Foundation programs, or for any other lawful purpose, without payment Or any other compensation.

I hereby hold harmless and release and forever discharge Stella's Wish Foundation from any Claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, Or any other persons acting on my behalf or on behalf of my estate have or may have by reason of This authorization.

I am 18 years of age and therefore competent to contract my own name. By signing below , I acknowledge that I have read and understand the contents of this release.

(Signature)

(Date)

(Printed Name)

(Date)

If the person signing is under 18 years old, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____, named above, and Do hereby give my consent without reservation to the foregoing on behalf of this person.

(Parent / Guardian's Signature)

(Date)

(Parent / Guardian's Printed Name)

(Date)

