Photograph Release Form For Media

I, the undersigned, grant permission to the **WASHINGTON SQUARE HEALTH FOUNDATION** and/or its affiliates to use my name, picture and/or likeness in any manner and in any media, including the Foundation's website <www.wshf.org> either alone or accompanied by other material.

(To the extent that I intend to in any way limit this grant of permission to any particular use of my name, picture and/or likeness, such limitation has been set forth below on the lines at the bottom of this release.)

I agree that I will not hold the Washington Square Health Foundation and/or its affiliates, singly or collectively, responsible for any liability resulting from the use of my name, picture and/or likeness in the manner described above.

Signed: _____
(Guardian or Parent signature if the subject is under the age of consent).

Printed Name (above):_____

Name of Minor (if applicable): _____

Witnessed by (print name):_____

Signed:_____

Date:_____

Limitations (if any): _____

_____

_____

_____

Phone Number: (_____)_____

Address: _____

_____

_____

Date: _____

Name of Organization Submitting Photo Release:_____

Washington Square Health Foundation Grant Number: _____

PLEASE COMPLETE ALL SECTIONS ABOVE