



# Burlington Township **FOOD PANTRY**

## Emergency Contact and Photo Release Form

**Please complete all information below**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Please let us know whom to contact in case of an emergency on the day of the race.

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Number \_\_\_\_\_

### PHOTO RELEASE

I, \_\_\_\_\_, consent to the use, by the Burlington Township Food Pantry, Inc. and its affiliates (and those acting with its permission and authority) Agents and Members, of my name, biographical and other information and any and all photographs, films and audio and video recordings (hereafter "likenesses") taken, in whole or in part, for the benefit of the Burlington Township Food Pantry, Inc. and its affiliates, Agents and Members including publicity, advertising and commercial use in any form or medium, including, without limitation, its use through or on any print or electronic media, including the Internet, newsletters, brochures, and reports. I waive any right to inspect or approve the finished product or the advertising copy or printed matter that may be used with my name, information, and the finished likenesses. Further, I grant to the Burlington Township Food Pantry, Inc. a license and relinquish all rights, titles, and interests I may have in the finished likenesses, negative(s) and reproductions in perpetuity. It is understood that the Burlington Township Food Pantry, Inc. retains copyright of images at all times under the express understanding and agreement that the Burlington Township Food Pantry, Inc. shall have exclusive reproduction rights to the images. I understand that there will be no payment ever for the use of my name, information and the likenesses. I hereby release the Burlington Township Food Pantry, Inc. from any and all claims in contract or tort in connection with my name, information and the likenesses.

\_\_\_\_\_ I am over the age of 18. I have read the above and fully understand its contents.

\_\_\_\_\_ I am the parent or guardian of a minor. I have read the above and fully understand its contents. I hereby grant permission for my child's/ward's name, information, and likenesses to be used in the manner specified above.

Name of participant or guardian (please print): \_\_\_\_\_

Minor's name(s) if applicable: \_\_\_\_\_ Age: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_