



**Consent and Release Form for Use of Likenesses in Multi-Media
Individual/Institution**

Name: _____

Institution or Organization (if applicable): _____

As noted above, I the undersigned, on behalf of myself and/or the institution/organization listed above, consent to having my image or likeness used in print or digital photograph(s), as part of a video and/or in interviews for purposes of education and/or public relations for Central Kansas Community Foundation, including their Affiliates as well as for the news media. Such education and public relations may include but are not limited to advertising, videos, sound bites, news releases, newsletters, brochures, and/or fundraising materials.

____ (Individual Consent) By signing below, I agree to the terms stated above regarding release and consent of my likeness being used for multi-media purposes.

____ (Organizational Consent) By signing below on behalf of an institution or organization, I agree that any required internal consents and releases for use of likeness have been obtained for all employees, consumer/clients and other individuals represented in provided multi-media. Furthermore, I have the authority to sign consent and release for use of likeness on behalf of the institution/organization, employees and consumers/clients represented in multi-media provided by me and authorize use of the multi-media by the Central Kansas Community Foundation, including their affiliates in all promotional applications.

Signature (state title if signing for an institution/organization)

Date