



**Consent and Release Form for Use of Likenesses in Multi-Media  
Adult/Minor/Organization**

**Name (*name of minor, if applicable*):** \_\_\_\_\_

**Organization/Institution (*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 bits, news releases, newsletters, brochures, and/or fundraising materials.

- (*Adult Consent*) By signing below, I agree to the terms stated above regarding release and consent of my likeness being used for multi-media purposes.
  
- (*Minor Consent*) I, \_\_\_\_\_, the undersigned parent or guardian of \_\_\_\_\_, consent to my child being photographed and/or interviewed for purposes of education and/or public relations for Central Kansas Community Foundation or for the news media. Such education and public relations may include but are not limited to advertising, videos, sound bits, news releases, newsletters, brochures, and/or fundraising materials.
  
- (*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 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.

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**Signature (*include title if signing for an organization/institution*)**

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**Date**