

**AGREEMENT, RELEASE AND WAIVER
NAME AND PHOTOGRAPH (optional)**

To: The Douglas Brothers Foundation, Incorporated
7193 Jonesboro Road, Suite 202A
Morrow, GA 30260

RE: Use of Name, Photograph and Identity in Connection with Advertising and/or Promotion of the organization

For valuable consideration, I, the undersigned, hereby irrevocably consent to and authorize the unrestricted use by The Douglas Brothers Foundation, Incorporated and their subsidiaries, affiliates and advertising agencies (“companies”) of myself and/or my child’s name, photographs and identity in various TDBF website and collateral material, as well as miscellaneous print publications and other media outlets, and any personal information that I supply to Companies, in connection with advertising and promotion of the Companies and/or their products in any media, form of material selected by the Companies, without any right of prior review or further approval, whether such advertising and promotion is to the public, to the trade, or both, and in the corporate releases, newsletters and other communications of the Companies; and I hereby waive, and release and discharge said Companies and all agents, employees and officers of the Companies, including their agencies, media producers and customers from, any claims, liabilities and demands, past, present or future, including any that I do not now know of or anticipate arising in the future, none of which would affect my execution of this release if known to me, and waive all rights with respect to such use of my name, photograph, identity, and personal information including but not limited to publicity, privacy, psychological injury and libel.

I am an adult participant named below of The Douglas Brothers Foundation, Inc. event. I have read the foregoing and full understand the contents thereof, that the consideration that I have received for this Agreement, Release and Waiver is fair and equitable, and that I hereby give this Agreement, Release and Waiver of my own free choice.

This Agreement, Release and Waiver shall ensure to the benefit of the successors, assigns, licensees and legal representatives of the Companies and shall be binding upon my heirs, executors, assigns and legal representatives.

Adult Participant Printed Name	Adult Participant Signature	Date
--------------------------------	-----------------------------	------

Address: _____

City	ST	ZIP
------	----	-----

FOR PARENT/GUARDIAN

I represent that I am and below-named legal parent/guardian, that I am over the age of 20, that I have read the foregoing and full understand the contents thereof, that the consideration that I have received for this Agreement, Release and Waiver is fair and equitable, and that I hereby give this Agreement, Release and Waiver of my own free choice.

This Agreement, Release and Waiver shall ensure to the benefit of the successors, assigns, licensees and legal representatives of the Companies and shall be binding upon my heirs, executors, assigns and legal representatives.

Parent/Guardian Printed Name	Parent/Guardian Signature	Date
------------------------------	---------------------------	------

Name of Child _____ Gender: ___ Male ___ Female Age: _____

Address: _____

City	ST	ZIP
------	----	-----