

# Consent and Release—Non-commissioned



Robert Wood Johnson Foundation

I, \_\_\_\_\_, hereby authorize the Robert Wood Johnson Foundation, and its contractors, grantees and national programs (collectively, RWJF) and

\_\_\_\_\_ to photograph, film, audiotape and/or interview me,  
PHOTOGRAPHER

and to use such photographs, video, audio and interview information (hereafter, collectively “Materials”) in any publications, presentations, Web sites or other media or form, whether now or hereafter known, for any purpose that, in the view of RWJF in its sole discretion, advances RWJF’s goals, including education, training, research, public relations, marketing and use by or for the news media.

I further understand and agree that I have no rights in the Materials, and that these Materials may be edited, used, published, distributed, republished and/or licensed by RWJF, now or at any time in the future, for the purposes set forth above. I waive all right to inspect or approve the use of the Materials, now or in the future.

I understand and agree that I will receive no monetary compensation for my participation or for the use of these Materials.

I forever release and discharge any and all actions or claims which I, my family members or my heirs may have against the Photographer and RWJF, its officers, Trustees, employees, contractors, co-funders and/or agents, and any other third party contracting with RWJF, arising for any reason whatsoever from any use, editing, publication, distribution or republication of these Materials in accordance with this Consent and Release at any time now or in the future. This release shall inure to the benefit of the assigns, licensees and legal representatives of RWJF and the Photographer as well as the party(ies) for whom the photographs were taken.

## IF SUBJECT IS NOT A MINOR

I represent that I am 18 years of age or older and that I understand and agree to the terms set forth above.

\_\_\_\_\_  
PRINTED NAME OF SUBJECT

\_\_\_\_\_  
SIGNATURE OF SUBJECT

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
STREET

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
DATE

## IF SUBJECT IS A MINOR

I represent that I am the parent or legal guardian of the Minor and that I have full authority to execute the Consent and Release on behalf of the Minor.

I understand and agree to the terms set forth above.

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
AGE OF MINOR

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
STREET

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
DATE

Place Model’s  
(or Parent/Guardian’s  
if minor) driver’s license  
here then photocopy  
the signed release.