



## Authorization and Release for Fundraising Events/Public Relations

240 SW 8<sup>th</sup> Street, Suite C • Ocala, FL • 34471 • (352) 690-7323(READ)

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

Project: \_\_\_\_\_

- ☐ Photograph ☐ Television ☐ Radio ☐ Video ☐ Sound Recoding ☐ Newspaper Article  
☐ Newspaper Advertisement ☐ Magazine Article ☐ Magazine Advertisement  
☐ Special Publication ☐ Special Presentation ☐ Display Board ☐ Brochure ☐ Web Page

I hereby authorize, consent and grant Marion County Literacy Council, Inc., its legal representatives, successors or assigns, the absolute right to copyright, publish, use, sell or assign any of the above checked box item(s), they have taken or made of me or in which I may be included in whole or in part. These items are to be used for publicity, advertising, or other lawful purpose whatsoever, related to fundraising, public relations or any communication about Marion County Literacy Council, Inc. products or services designed to encourage the recipient of the communication to purchase or use the product or service.

I hereby waive all claims for any compensation for such use or for damages.

I hereby waive any right that I may have to inspect and/or approve the finished product or the advertising copy that may be used in connection therewith or the use to which it may be applied.

I hereby warrant that I am of full age and have every right to contract in my own name in the above regard.

I understand that this authorization will remain in effect for five years or until I revoke it in writing to an authorized employee of Marion County Literacy Council, Inc.

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Signature Date:

\_\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_  
Parent's Signature (if minor) Date:

\_\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date:

