



Model Release: **event name and date here**

I give my consent that Combined Jewish Philanthropies of Greater Boston, Inc. (CJP) or any party it authorizes may make a photograph, videotape, motion picture, or sound recording of me (and/or a person under 18 for whom I am a parent or legal guardian) and may use the images or recordings for publicity, or for such other purposes as CJP or its authorized representative might determine.

I hereby release CJP and all parties acting with its permission from all liability arising from the use of such materials and I assign all rights which I may have in such materials to CJP.

Date

Name (print)

Location

Signed

Photographer or Recorder

Address

Organization

City

CJP Staff

State

Email

Child's name (if applicable)

Age