



## Hope4Veterans (Women Veteran Nonprofit)

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### PHOTO RELEASE FORM

I hereby grant permission to Hope4Veterans to use photographs and/or video of me taken during events, fundraisers, or any activities conducted in publications, news releases, online, and in other communications related to the mission of Hope4Veterans.

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(Signature of Volunteer)

Date

I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I understand my legal rights and remedies.

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(Signature of Parent/Legal Guardian if Volunteer is Under 18)

Date

I am the parent or legal guardian of the Volunteer. I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I understand my legal rights and remedies for myself and youth.

Print Name:

Phone (day) (evening)

Email Address (optional)