

## SFM Foundation Authorization to Release Information

- 1. I authorize and grant permission to the SFM Foundation, its directors, officers, agents, employees or designees ("SFM Foundation") to use my name and likeness in its promotional materials, including but not limited to printed materials, its website, social media and all other electronic media. I grant permission to the SFM Foundation to use my name and photos, videos or other likenesses to advance the charity's purposes and reporting requirements, including using information for prospective donor groups and individuals to further the goals of SFM Foundation.
- 2. I authorize and grant permission to the SFM Foundation to utilize all communications regarding my acceptance of the SFM Foundation scholarship, including quotes from me, in SFM Foundation media communications, as well as in local news and industry publications. I further give permission to SFM Foundation to distribute to various media information related to the award of a scholarship to me, as well as other information concerning such an award that I share with the Foundation, including but not limited to the name of my hometown, high school, and the educational institution that I will be attending.
- 3. I consent to and authorize the use and reproduction by SFM Foundation, or anyone authorized by SFM Foundation, of any and all photographs and/or videos which I provide to SFM Foundation (including those provided as part of any video or photo contest) or which are taken of me at any SFM Foundation event or function, for any purpose related to the promotion and/or advancement of the charity's purposes. All such photographs and/or videos or other digital images files provided to the SFM Foundation, together with prints or reproductions made from such files, shall be the sole property of SFM Foundation.

I acknowledge and represent that I am 18 years or older, have read this entire document, understand the contents and meaning of this agreement and authorization, and that I have signed it knowingly and voluntarily on behalf of myself and/or my minor children (if applicable).

Recipient name (printed):	
Date:	
Signature:	
Parent or guardian, if recipient is a minor:	
Name (printed):	-
Date:	
Signature:	