



HINDS' FEET FARM MEDIA RELEASE

1. BASIC INFORMATION

Individual Giving Release: _____

Full Address: _____

Age (check one): Over 18 ___ Under 18 ___

2. RELEASE

I, the undersigned individual, hereby grant to Hinds' Feet Farm, the perpetual and irrevocable right to use the undersigned's: name, photograph, video image voice, biography, and history (excluding medical history and as relevant to Hinds' Feet Farm's Client Consent And Acknowledge Of Receipt Of Privacy Notice), factually or otherwise, and under a real or a fictitious name, in connection with the production, distribution, dissemination of Hinds' Feet Farm media, remakes and/or sequels. Such grant includes use in advertising in connection with the foregoing, and use in any and all media, whether now existing or hereafter devised. It also includes the right to make such changes, fictionalizations and creative choices as Hinds' Feet Farm may decide in its sole discretion.

The undersigned individual: (i) agrees not to bring any action or claim against Hinds' Feet Farm, or to allow others to bring such an action or claim, based on the depiction of the undersigned at Hinds' Feet Farm or the use of material relating to the undersigned at Hinds' Feet Farm or as otherwise described above, and (ii) releases Hinds' Feet Farm from any and all such actions or claims that the undersigned may have now or in the future.

The undersigned acknowledges the receipt of good and valuable consideration for the release and other grants and agreements made herein, and understands that Hinds' Feet Farm is relying on them in proceeding with the production and dissemination of the media releases thereof as authorized above. The undersigned warrants that the use of the rights granted hereunder and of any material supplied by the undersigned will not violate the rights of any third party.

3. SIGNATURE AND DATE.

_____	_____
Name & Signature	Date
_____	_____
Parent/Guardian's Name & Signature (if applicable)	Date
_____	_____
Hinds' Feet Farm Staff Name & Signature	Date

FOR OFFICE USE ONLY	
Member Name:	DOB:
HFF ID #:	
Medicaid ID #:	