



## Visual Record Release & Liability Waiver

I hereby give my consent to Richmond Cares, Richmond Gives (RCRG) the right to photograph (still and/or moving) me while I am working, volunteering or participating in any of their events and/or projects (in-person or virtual). I understand my name and images (still and/or moving) may be used for educational and public relations purposes, at the discretion of RCRG. These images may appear in any of the variety of formats and media now available to RCRG and that may be available in the future, including but not limited to print, broadcast, and electronic/online platforms.

This consent includes, but is not limited to:

- (Initial)            Permission to interview, film, photograph, or otherwise make a video reproduction of me and/or record my voice
  
- (Initial)            Permission to use my name; and
  
- (Initial)            Permission to use quotes from the above listed media
  
- (Initial)            I also understand that physical movement or interactive activities may take place during virtual events. I understand to participate based on my own physical ability. I fully release RCRG and its employees from all liability in connection with my participation.

Name (Print):

Signature (Signature of parent/legal guardian if the individual is a minor):

Date:

Witness: