



PHOTO—VIDEO—WEBCAST RELEASE FORM

As the family representative, I freely authorize *Operation Best Wishes* to use and reproduce, as it deems appropriate, any images, including sound, of my family and me as we appear in photography, video and Webcast media that are associated with the event entitled:

Operation Best Wishes

I understand that our images with sound contained in these media are the property of *Operation Best Wishes* and may be used solely by *Operation Best Wishes*. I give my consent freely to this authorization and waive any and all compensation.

Signature

Date

Name

Please Print

Address

City, State, Zip

Telephone

E-mail Address

Family members also appearing in video:

**Name*

Please Print

**Name*

Please Print

**Name*

Please Print

**Name*

Please Print

**Name*

Please Print

**Name*

Please Print