

VIDEO RELEASE FORM

I _____ agree that
(please print name)
The Philadelphia Foundation and its successors and assigns have permission to use the pictorial recordings made by me for public purposes whatsoever and any reproduction of them for publication to the general public.

I further certify that I am at least 18 years of age and that I am legally entitled to sign the Release Form agreement.

I hereby release The Philadelphia Foundation, its successors and assigns, and its associates and employees from any claims arising from the use of said pictorial recordings.

Date

Signature

Address
