

SAMUEL FIELD Y +
CENTRAL QUEENS Y ARE NOW



General Release Form

I hereby grant permission, without reservation, to Commonpoint Queens and those authorized by Commonpoint Queens, to take photographs and to make recordings of me, and to use them in original or modified form in all media now or hereafter known, with or without my name or information about me, for the promotion, public education, and/or fundraising activities of Commonpoint Queens. I understand and agree that I am entitled to receive no compensation for the above.

I release Commonpoint Queens its officers, directors, agents, employees, independent contractors, licensees and assignees from all claims that I now have or in the future may have, relating to the above.

I agree that Commonpoint Queens will be the sole owner of all tangible and intangible rights in the above-mentioned photographs and recordings with full power of disposition.

I am over 18 years of age.*

Date _____ Name (print) _____

Signature _____

Address: _____

Program: _____

Phone: _____

(If a minor, the following should also be signed by the parent or guardian)

I am the parent or guardian of the minor named above, and I hereby consent to the foregoing on behalf of the minor and myself.

Date: _____ Address: _____

Name (print) _____ Signature _____

Phone _____ Relationship _____

