

# Photo/Testimonial Release & Consent Form

**Student Name (Please Print Name):** \_\_\_\_\_

**County of Residence (Please Print):** \_\_\_\_\_

I hereby grant **Arkansas Single Parent Scholarship Fund (“ASPSF”)** the absolute and irrevocable right and unrestricted permission to use, reuse, publish, republish, distribute, display, transmit or copy any photograph(s), audio recording(s), and/or visual recording(s), submitted to and/or taken by ASPSF or photographers/ videographers engaged by ASPSF in whole or in part, separately or in conjunction with other photographs in any medium for any purpose, in connection with its website, social media accounts, annual report and/or other reports, advertising/display pieces and/or other publications.

I further grant permission for my (check one):

FULL NAME

FIRST NAME and LAST INITIAL ONLY

to be used along with my personal story, testimonial or interview (written by or attributed to me) including any personal information enclosed in the story as well as information related to my time in ASPSF’s program such as my major, school attended, graduation date, GPA and alumni activities in the same manner described above.

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**Special Instructions Relating to Children** (check one):

I give permission for my child(ren)’s photograph(s), audio recording(s), and/or visual recording(s) to be used **along with his or her FIRST NAME as described above.**

I give permission for my child(ren)’s photograph(s), audio recording(s), and/or visual recording(s) to be used but **DO NOT** give permission for my child(ren)’s names to appear along with their photograph(s), audio recording(s) or visual recording(s).

I **DO NOT** give permission for ASPSF to use my **child(ren)’s** photograph(s), audio recording(s) or visual recording(s).

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By signing this document I understand that:

- I hereby represent and warrant that I have the right, power and authority to grant the rights and permissions set forth in the above statement to ASPSF, including without limitation that the person or persons depicted in the above stated materials (or, in the case of a minor, his or her parent or legal guardian) have authorized and grant the rights and permission set forth in the above statement to ASPSF.
- I agree that I am solely responsible and liable for the personal content I share about others besides myself that may appear in association with the story.
- I hereby waive the right to receive any payment or compensation for agreeing to this release and waive the right to receive payment or compensation for ASPSF’s use of any material described above for any of the purposes authorized by this release. I also waive any right to inspect or approve finished photographs, multimedia, or advertising copy, printed matter or other electronic media that may be used in conjunction therewith or to approve the eventual use to which it might be applied.
- This Release shall be construed in accordance with and governed by the laws of the State of Arkansas.
- This Release is binding to myself, successors, assigns, legal representatives, affiliates and subsidiaries, including its officers, agents, servants, employees, attorneys and all persons or entities acting in concert or in participation with them.

This authorization is continuous and may only be withdrawn by my specific rescission of this authorization submitted in writing to the ASPSF main office. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_