



## PHOTO/VIDEO RELEASE FORM

I, \_\_\_\_\_, hereby authorize United Community Credit Union and its representatives to capture photographs and/or video footage of me upon receipt of the scholarship. I authorize United Community Credit Union, its assigns, and transferees to copyright, use, and publish the same in print and/or electronically.

I agree that the United Community Credit Union may use such photos and/or video footage of me with or without my name and for any legal purpose, including but not limited to publicity, illustration, advertising, and web content.

I hereby waive any right to inspect or approve the finished product wherein my likeness appears. I also understand that the images may be used in various publications, online platforms, or for any other related endeavors.

I release United Community Credit Union, its employees, and all persons acting under its permission or authority from any liability related to the use of the photographs and/or video footage as described above.

I certify that I am at least 18 years of age or older and competent to sign this release.

Participant's Full Name: \_\_\_\_\_

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

If the participant is a minor, this form should be completed and signed by a parent or legal guardian. Additionally, you may want to consult with legal counsel to ensure compliance with local laws and regulations.

Parent/Legal Guardian (Printed): \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Minor full name: \_\_\_\_\_

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