

The Jordan Light Foundation



(606) 285-1507 or Fax (606) 285-2609

Release and Authorization to Use Photographs/Testimonials

The Foundation may use photographs and/or testimonial statements of families which have been supported by The Jordan Light Foundation, Inc. (TJLF) in any medium or form, in connection with the preparation of informational and marketing materials for the Foundation or its affiliates. If you do not object to having your photographs taken and/or your testimonial statements (in any medium or form) used in such materials, please sign the Release and Authorization form as a condition of acceptance of funds from the Foundation.

I, _____, hereby grant to THE JORDAN LIGHT FOUNDATION, INC. its owners, operators, managers, affiliated companies and its/their successors and assigns, the irrevocable right and permission, in connection with all photographs taken of or testimonial statements (in any medium or form) made by or on behalf of _____ or in which I or the patient may be included, with others, the right to use and reuse, in any manner at all, said photographs and/or testimonial statements, in whole or in part, modified or altered, either by themselves or in conjunction with other photographs or testimonial statements, in any medium or form for distribution, for promotional and advertising uses and other trade purposes.

I hereby forever release and discharge the Foundation from any and all claims, actions and demands arising out of or in connection with the use of said photographs or testimonial statements, including, without limitation, any and all claims for invasion or privacy and libel. I acknowledge that I have no interest or ownership in said photographs or testimonial statements and that the Facility has no financial commitment or obligation to me as a result of this Release of Authorization or the use of said photographs or testimonial statements. I agree that I shall not have a right to approve any materials utilizing said photographs or testimonial statements.

I hereby affirm that:

1. I have the right to contract in my own name and/or on behalf of the patient.
2. I have read this Release and Authorization prior to its execution.
3. I fully understand the contents of this Release of Authorization.
4. This release shall be binding upon me and my heirs, legal representatives and assigns.

Parent/Attorney-in-Fact/Guardian

Print Name

Date

Witness

Print Name

Date

“Our Mission is to provide awareness, support and funding for families with a financial medical crisis.”

The Jordan Light Foundation, Inc. is committed to fostering an inclusive environment where the individual differences among us, whether in terms of race, religion, color, age, gender, national origin, sexual orientation, physical challenge, or marital or family status, are (i) understood, respected and appreciated, (ii) recognized as a source of strength for the organization and (iii) valued as qualities that enrich the environment in which we work.

The Jordan Light Foundation, Inc. is a non-profit organization. This corporation is organized exclusively for charitable purposes and at all times will be operated exclusively for charitable purposes within the meaning of Section 501(c) (3) of the IRS code of 1986.