



THE H4H FOUNDATION
HOPE, HELP & HEALING FOR HUMANITY

PHOTO CONSENT FORM

NAME
STREET ADDRESS
CITY
STATE
EMAIL

I grant permission and give my consent to NAME
(the "Releasee") for the use of the following photograph(s) or electronic
media images as identified below for presentation under any legal use:

PHOTOS-Describe Photo(s)

Revocation (check one)

- I understand that with my authorization below the photograph(s) may
used

- I understand that I may use this pictures at any time by The H4H
Foundation. Images will be stored in a secure location and only authorized
members will have access to them. They will be kept as long as they are
relevant and after that time destroyed or archived.

Releasor's Signature _____ Date _____

Releasee's Signature _____ Date _____