

Kentucky Foundation for Women

1215 Heyburn Building
332 West Broadway
Louisville, KY 40202

Video and Photo Release Form

Please Print:

Name: _____

Address: _____ Zip: _____

Telephone Number: _____

I, _____ do hereby give and grant unto Kentucky Foundation for Women permission to use my name, photograph, and/or videotaped image for archival purposes, video productions, the KFW website, other internet sites or in other ways deemed appropriate by Kentucky Foundation for Women.

I understand that I will receive no compensation for the use of my image, voice or name.

I do further certify that I am of full legal capacity to execute the foregoing authorization and release.

Signature:
