



THE OPERATION BABY FOUNDATION, INC

Media Release Form

I, the undersigned, hereby grant permission to Operation Baby Foundation, a nonprofit organization with its principal office at PO Box 2093, Arlington, Virginia 22202 (hereinafter referred to as "the Foundation"), to use my media and information, as detailed below, for marketing and promotional purposes related to the Operation Baby Grant Program.

1. Scope of Use:

I authorize the Foundation to use, reproduce, distribute, and display photographs, video and audio recordings, as well as any information from my grant application, including quotes and stories (collectively referred to as "the Media"), for online, radio, podcast, and/or print purposes. This permission is granted for a period of 3 years from the date of my signature. **The Foundation will not use last names, military occupational specialty (MOS), phone numbers, addresses, photographs (outside of those given by the Applicant to the Foundation) or any other sensitive or personally identifiable information (PII) in the Media, unless given prior consent.**

2. Rights Granted:

I grant the Foundation the right to use my name, image, and other relevant information in connection with the Media, as specified above.

3. Release of Claims:

I hereby release the Foundation from any claims, damages, or liability arising from the use of the Media in accordance with the terms of this media release form.

4. Privacy and Confidentiality:

The Foundation agrees to protect my privacy and confidentiality, and will only share my information with third parties after receiving my explicit consent or when legally required. Furthermore, the Foundation will remove my last name and any personally identifiable information (PII) from all social media posts.

5. Revocation of Consent:

I understand that I may withdraw my consent and request the removal of my Media from the Foundation's marketing materials at any time by providing written notification to the Foundation.

6. Governing Law:

This media release form shall be governed by the laws of the Commonwealth of Virginia, and any disputes arising from this agreement shall be resolved in accordance with the laws of the Commonwealth of Virginia.

7. No Financial Compensation:

I understand that I will not receive any financial compensation for the use of my Media by the Foundation in accordance with the terms of this media release form.

By signing below, I acknowledge that I have read, understood, and agree to the terms outlined in this media release form.

Applicant (or Legal Representative)

Date



Operation Baby Foundation Representative

1/26/2024

Date

Please provide your full name and contact information below:

Full Name: _____

Address: _____

Phone: _____ Email: _____