

**The Walker Johnson & Nasia Legacy Foundation
and Nasia Legacy Scholarships
PHOTO RELEASE FORM**

I, _____ with a mailing address of _____
_____, City of _____, State _____,
(the "Releasor") grant permission and consent to ***The Walker Johnson & Nasia Legacy Foundation and Nasia Legacy Scholarships***, (the "Releasee") for the use of the following photograph(s) as identified below for presentation under any legal condition, including but not limited to publicity, copyright purposes, illustration, advertising, and web content:

Describe Photo(s)

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_____ - I understand that I must be 18 years of age or older to sign this release.

_____ - I am 18 years of age or older (as of the date of this form) and I can sign this release.

Payment (please initial)

_____ - I understand that there shall be no payment for this release.

Royalties (please initial)

_____ - I understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

Revocation (please initial)

_____ - I understand that with my authorization below the photograph(s) may never be revoked.

We, the Releasor and Releasee, understand and agree to the aforementioned terms and conditions.

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Releasee's Signature _____ **Date** _____

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