

COSI P h o t o / T V R e l e a s e

COSI Columbus
333 West Broad St.
Columbus, Ohio 43215
www.cosi.org

Jaclyn Reynolds 614-629-3114
Public Relations and Social Media Manager

Name of Child _____

Name of Parent _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____

I hereby give permission to allow me and/or my child to be photographed or videotaped by COSI or media for promotional use by COSI and/or its designees.

I understand that my signature allows COSI and its designees to use and edit the photo/video of me and/or my child, including use of my and/or my child's name, voice, persona, image, biographical information and likeness ("Likeness"). I understand this includes the right to reproduce, distribute, publish, display, transmit and perform publicly my and/or my child's Likeness in any media (e.g., newscasts, websites, brochures, flyers, blogs, and social media sites).

I acknowledge that I am receiving no, and have no right to any, compensation, financial or otherwise, in exchange for the use of my and/or my child's Likeness. I waive any right to inspect or approve the use of my and/or my child's Likeness and release COSI from any and all claims relating to the use of my or my child's Likeness, including but not limited to any claim for invasion of privacy or violation of right of publicity.

Signature: _____

Date: _____