

ADOBE FOUNDATION  
INDIVIDUAL MODEL RELEASE AGREEMENT  
Adobe Youth Voices

*Please return completed form to:*  
Adobe Foundation  
345 Park Avenue, Mailstop: E9  
San Jose, CA 95110

AYV Project Name: \_\_\_\_\_

School/Site Name: \_\_\_\_\_

For valuable consideration received, I, \_\_\_\_\_,  
hereby grant permission to Adobe Foundation, and its subsidiaries and affiliates (together, the "Foundation"), to record and/or use my likeness, image, name, voice and/or statement(s) and/or performance(s), as recorded by any means and in any medium (including but not limited to the Foundation's social media properties) existing now or developed in the future (the "Recordings"), in any and all Recordings created directly or indirectly in connection with the Adobe Youth Voices program without further approval by or payment to me. I also grant the Foundation permission to use, edit and/or modify the Recordings, in any manner, form or medium, for or in connection with the Adobe Youth Voices program, the Foundation and the charitable purpose of the Foundation. In the event that any of the Recordings created directly or indirectly in connection with the Adobe Youth Voices program are not deemed to be licensed to the Foundation under this Agreement at the time of their creation, I agree to execute the necessary documents to license such Recordings to the Foundation.

I hereby waive any and all rights that I may have to inspect or approve the Recordings or the use to which they may be applied, as long as they are used in the publicizing, showcasing, marketing and/or promotion of the Adobe Youth Voices program and the Foundation. I agree that this Agreement shall be governed by the laws of the State of California, excluding any of its conflict of laws provisions, and I consent to the exclusive jurisdiction and venue in the State and Federal Courts of Santa Clara County in the State of California.

This Agreement constitutes the entire agreement between the parties regarding its subject matter and may only be amended in a writing signed by both parties.

By (your signature): \_\_\_\_\_

Name (your printed name): \_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_

Your Address: \_\_\_\_\_

**Are you the age of majority in your place of residence and at least age 18?** \_\_\_ Yes \_\_\_ No

***If "No", then the signature of your Parent or Legal Guardian is required.***

Signature of Parent/Legal Guardian: \_\_\_\_\_

Name of Parent/Guardian (printed): \_\_\_\_\_

Relationship to Individual Name Above: \_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_