

PHOTO PERSONAL RELEASE

I give permission to the Coastal Bend Food Bank. (the Food Bank), to record, photograph, film, tape or otherwise capture my name, likeness, voice, actions and biography (collectively, "Likeness"), and to use, and to authorize others to use, my Likeness, forever throughout the Food Bank and its affiliated entities. The Food Bank may use my Likeness in print, television, radio, film, internet and in all other media now known or hereafter existing for external and internal communications, including without limitation, publicity and promotion.

I waive the right to inspect or approve such use of my Likeness. The Food Bank will be under no obligation to actually use my Likeness. I have received no consideration for this personal release, and no compensation is due to me.

I release the Food Bank, its officers, directors, agents and employees from all claims and liabilities of any kind arising out of or in connection with the making or use of my Likeness, including without limitation, claims based upon invasion of privacy, defamation, or right of publicity.

Lucy Beasley
Signature

Lucille Beasley
Print Name

417 Garfield dr.
Address

11-9-18
Date

If subject is under 18 years old:

Parent's or guardian's name (please print) Lucy Beasley

Parent's or guardian's signature Lucy Beasley

Your relationship to the child(children) Mother.

Xynanthia Maxwell 13

Xynanthian Maxwell JR. 11