



Cody Unser First Step Foundation  
 Address: P.O. Box 56696  
 Albuquerque, New Mexico 87187  
 Tel: (505) 792-9551  
 Email: [cufsf@aol.com](mailto:cufsf@aol.com)  
<http://www.codysfirststep.org/>

## **Photo Consent Form**

This form should be completed in INK

Name of Client/Participant: \_\_\_\_\_

(Please Print)

Date: \_\_\_\_\_  I am over 18 yrs of age

I, the undersigned, hereby give my consent to The Cody Unser First Step Foundation, its agents and employees, or other third parties who are authorized by The Cody Unser First Step Foundation, for the performance of the photographic procedures or actions initialed below.

(The undersigned should if possible initial for each activity approved; if undersigned is unable to initial, then a witness should initial.)

Initial \_\_\_\_\_ Still-photographs or video of client/participant.

Initial \_\_\_\_\_ Print photography, television filming or other electronic images/recordings of client/participant.

Initial \_\_\_\_\_ Other (describe below):

\_\_\_\_\_

This authorization is subject to the following limitations (write "none" if applicable):

\_\_\_\_\_

I understand that by signing this form The Cody Unser First Step Foundation retains ownership of any photos, images or recordings obtained under this authorization. I also understand that a complete explanation of how The Cody Unser First Step Foundation may use any of the photos, images or recordings obtained under this authorization has been provided verbally to me. I understand that by signing this Photographic Consent Form I have authorized Cody Unser First Step Foundation to use my photo, image or recording.

I hereby waive any right to compensation for the use of any photos, images or recordings obtained under this authorization, and I hereby release The Cody Unser First Step Foundation, its agents, officers, and employees from liability resulting from or attributable to any of the diving activities authorized above.

\_\_\_\_\_  
 Signature of Client/participant or legal representative date

\_\_\_\_\_  
 Signature of witness date