

THE VIROQUA AREA FOUNDATION

**AUTHORIZATION FOR RELEASE AND USE OF
DONOR AND FUND OR DONATION INFORMATION**

I hereby grant the release and authorize the Viroqua Area Foundation (“VAF”) to use my identity, photograph, quotes and or any and all information about my VAF fund or donation, including but not limited to the name of the fund, the type of fund, the purpose for establishing the fund, amount and type of donation, eligibility and selection criteria for scholarship funds and fund investment information. This information may be used by VAF for promotional purposes or any other purpose the VAF Board of Directors deems legitimate.

I understand that my image and/or fund or donation information may be used for promotional or publicity purposes and may be published and distributed by means of various media, including but not limited to, brochures, VAF website or other internet sites, video presentations, newspapers, television, radio, news bulletins and direct mailings without further authorization or notice to me.

I waive the right to inspect or approve any finished materials that incorporate my image and/or fund or donation information. I understand and agree that I will receive no compensation, now or in the future, in connection with the use of such image or information.

I hereby release and forever discharge the VAF, the members of its Board of Directors and any agents or employees of the VAF from any and all claims, demands, rights and causes of action of whatever kind that may arise from the use of my image or information, including but not limited to, all claims for defamation and invasion of privacy.

I understand that I have the right to refuse to sign this release form. I further understand that I have the right to cancel this authorization in writing at any time, except in cases where VAF has already released my image or information. For example, VAF will not be able to retract a brochure with my image or information once it has been printed.

I understand that a photocopy of this release will be as effective as the original.

Signature: _____

Date: _____

Name Printed: _____