

**PHOTO CONSENT AND RELEASE FORM**

I consent to the use, reproduction and distribution of my name, image, portrait, picture, photograph, voice, and personal narrative relating to my participation in any of the programs that are administered by the Indiana Housing and Community Development Authority (“IHCD”). I understand that by signing this consent I waive any right to compensation or royalties and that I am releasing any rights that I have or may have in any image, portrait, picture, photograph, voice, personal narrative or other memorialization of or relating to my personal experiences with any of the IHCD programs (“Personal Story”).

Without limitation or reservation, I hereby authorize IHCD, and its affiliates, agents, successors and assigns, to collect, record, use, reproduce, distribute and publish my Personal Story in any manner or medium now known or later developed and further waive any claim to my Personal Story, now or in the future. I further release, defend, indemnify and hold harmless the IHCD from and against any claims, damages or liability arising from or related to the use of the aforementioned materials, including but not limited to claims of defamation, invasion of privacy, or rights of publicity, copyright infringement, or any misuse, distortion or alteration that may occur or be produced in the taking, processing, reduction or production of the finished product, its publication or distribution.

I understand that IHCD’s use of my Personal Story will be to further the charitable, nonprofit, and/or public service purposes of IHCD programs. As full and adequate consideration for this consent and release, I acknowledge the value of, and the benefit to me from IHCD’s collection and dissemination of my Personal Story to further charitable, nonprofit and/or public service purposes.

**Complete one of the below, depending on the student’s age:**

**I am 18 years of age or older** and I am competent to contract in my own name. I have read this document before signing below, and I fully understand the content, meaning and impact of this Consent and Release. This Consent and Release is binding on me, my heirs, executors, administrators and assigns.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

\_\_\_\_\_

I am under 18 years of age and a parent must sign this contract on my behalf. I have read this document before signing below, and I fully understand the content, meaning and impact of this Consent and Release. This Consent and Release is binding on me, my heirs, executors, administrators and assigns.

Student Printed Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Printed Name: \_\_\_\_\_

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

\_\_\_\_\_

**This form must be completed and submitted as part of the application materials for each person participating in MCMV.**

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**EQUAL OPPORTUNITY EMPLOYER AND HOUSING AGENCY**

State of Indiana  
Lieutenant Governor  
Suzanne Crouch

