

HILDE B FOUNDATION

MEDIA CONTRIBUTOR RELEASE AGREEMENT

1. Grant of Rights

The Contributor grants the Hilde B Foundation ("Foundation") the non-exclusive, irrevocable, worldwide, royalty-free right to use, reproduce, edit, distribute, display, and publish any submitted media content including photographs, audio, video, writings, or artwork ("Media") for the Foundation's charitable, educational, and promotional purposes.

Contributor Initials: _____

2. Ownership

The Contributor retains ownership of the original Media but agrees that the Foundation may use the Media without further approval or compensation.

Contributor Initials: _____

3. No Compensation

The Contributor understands and agrees that they will not receive any compensation, monetary or otherwise, for the use of the Media.

Contributor Initials: _____

4. Release and Waiver

The Contributor waives any rights of inspection or approval and releases the Foundation from any claims arising out of the use, editing, or distribution of the Media, including claims for libel, invasion of privacy, or infringement of moral rights.

Contributor Initials: _____

5. Confidentiality

If the Media contains sensitive or personal content (e.g., survivor stories), the Foundation agrees to consult

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the Contributor before public release unless express permission is granted herein.

Contributor Initials: _____

6. Legal Age and Authority

The Contributor affirms they are over 18 years of age and have the legal authority to grant the rights described in this agreement. If under 18, a parent or legal guardian must also sign.

Contributor Initials: _____

7. Governing Law

This Agreement is governed by the laws of the State of California. Any disputes shall be handled under California jurisdiction.

Contributor Initials: _____

SIGNATURES

Contributor (Print Name): _____

Signature: _____ Date: _____

If under 18, Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Hilde B Foundation Representative (Print Name & Title): _____

Signature: _____ Date: _____

Full Name: _____

Signature: _____

Date: _____