

Prevention Impact Scholarship

Media Release Form



Name of Individual:

Email Address:

Phone Number:

Date of Birth (if under 18):

(If under 18, a parent/guardian must also sign this form.)

What This Means We'd love to share your story and celebrate your involvement with our community. With your permission, we may use photos, video, or audio of you in things like our website or social media, printed materials or flyers, and presentations or educational tools.

Permission & Release I hereby grant C2R Global Manufacturing, Inc. d/b/a Rx Destroyer, its affiliates, officers, agents, employees, contractors, and assignees (collectively "Rx Destroyer") the right to use photographs, video, likeness, voice, statements, and/or audio recordings of me (collectively referred to as "Media Content"), and to use the Media Content for all lawful purposes, including but not limited to video recordings, written statements, websites, social media, print publications, advertising campaigns, and all other digital or print formats.

I understand that:

- I will not be compensated for the use of these materials.
- All media captured will become the property of Rx Destroyer.
- I waive any right to inspect or approve the finished product or its eventual use.
- I hereby grant Rx Destroyer a non-exclusive, royalty-free, worldwide, perpetual license to use the Media Content.
- I release and discharge Rx Destroyer from any and all claims, demands, and liabilities arising out of or in connection with the use of the Media Content, including any claims for libel, defamation, invasion of privacy, or infringement of moral rights or rights of publicity.

I give permission

I do *NOT* give permission

By signing below, I acknowledge that I have read and understand this form and voluntarily accept the terms herein.

Signature:

Printed Name:

Date:

If Individual is Under 18:

Parent/Guardian Name:

Relationship to Minor:

Signature:

Date:

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