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## Release and Consent Form

By signing this Release and Consent Form, I give my consent to the Doyon Foundation to use my name, photograph or image and, if applicable, student information in materials including, but not limited to:

- Publicity materials
- Multimedia and online programs
- Newsletters

By signing this Release and Consent Form, I also release the Doyon Foundation from:

1. Any claim I might have against it, resulting from the use of my name, photograph or image and student information, including for example, any claim based on defamation, slander, libel, or invasion of privacy.
2. Any claim against Doyon Foundation, its affiliated companies, businesses and assignees, or any of their respective advertisers, clients or agencies, from any claim I might have against any of them from the use of my name, photograph or image and/or student information.
3. Any claim I may have against the individual directors, officers, employees or agents of the Doyon Foundation on any basis whatsoever.

I acknowledge that:

- I will receive no money or other compensation for giving this Release and Consent, which is a condition of my eligibility to be considered for scholarships, grants or to participate in activities or programs offered by Doyon Foundation.
- I am an adult, 18 years or older **(if under 18, please also have legal guardian sign)**.
- I have read and understand this Release and Consent form.
- The Release and Consent Form will be in effect during the application, activity or program for which I am being considered and for five (5) years after the date I sign it. To revoke this Release and Consent, I must provide a written statement that the Form I signed is no longer in effect and my name, photograph or image and student information may not be shared with any other party.

My name, photograph or image and student information will not be released by Doyon Foundation to any anyone, other than myself, including my parents or family members, schools or training facilities, financial aid programs, agencies, etc., unless I execute this Release and Consent Form. This Release and Consent Form must be submitted with each application I make for a scholarship, grant or to participate in any activity or program offered by Doyon Foundation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

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

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date Signed

*(version 2.14.2017)*