Media Release Form

I authorize and grant to Capital Credit Union (and its assigns, licensees, or successors) the right to record, publish and/or use information about me, my name, reproductions of my image, and my voice for advocacy, educational, marketing, publicity, or other purposes through any media. I acknowledge that video, photographs and other recordings taken of me become the sole and exclusive property of Capital Credit Union and I release Capital Credit Union from any claim or liability that may result from use consistent with my consent and this release.

I hereby waive any right to inspect or approve the photographs, publications, or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photographs, publications, or electronic matter.

I understand that I can "tag" myself or my direct family members in any images that are posted on the credit union's social media sites at my own discretion. I also understand that I can retract this media release at any time with a 10-day written notice to the credit union's Human Resources Department.

I hereby agree to release and hold harmless the credit union from and against any claims, damages or liability arising from or related to the use of the photographs or other media, including but not limited to any re-use, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in production of the finished product.

I acknowledge that Capital Credit Union is not obligated to use any of the rights granted in this form.

I hereby: ☐ Accept / ☐ Opt Out of this release form.

(Opt Out Signature: _____ Date: _____)

I am at least 18 years of age and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning, and impact of this release.

_____ _____
Signature Please Print Name

_____ _____
Mailing/Street Address City/State/ZIP

(____)_____ _____
Phone Date

Are you a Capital Credit Union member? ☐ Yes ☐ No

Corporate Headquarters: 825 Morris Avenue, Green Bay WI 54304
Mailing Address: PO Box 2526, Green Bay WI 54306-2526
Phone: (920) 494-2828 or (800) 728-4294 Fax: (920) 494-5720
Web: www.capitalcu.com

For Minor Child (under 18) or Ward

_____ _____

Please print name of Minor or Ward | Relationship of Parent or Guardian to Minor/Ward

I am the parent or guardian of the minor or ward named above. I have the legal right to consent to and do consent to the terms and conditions of this Consent Form/Release.

_____ _____

Signature of Parent or Guardian | Date

_____ _____

Home Street Address | City/State/ZIP

(____)_____

Home Phone