

Emergency Aid of Boulder City, Inc.

Media Release, Consent, and Waiver (Nevada)

Organization: Emergency Aid of Boulder City, Inc., a Nevada nonprofit public charity recognized under IRC §501(c)(3)

Address: 600 Nevada Way, Boulder City, NV 89005

Primary Contact: media@eabcnv.org | (702) 293-0332

Purpose & Consent

By signing below, I grant Emergency Aid of Boulder City, Inc. (“EABC,” “we,” “our,” or “us”) permission to capture and use my **image, likeness, voice, name, and/or statements** (the “Materials”) in any media format now or later developed, for **educational, informational, fundraising, and promotional purposes** in support of EABC’s mission. This may include combining the Materials with other content and sharing with media partners or contractors.

I understand that:

- EABC will not use the Materials in a false, defamatory, or unlawful way.
 - The rights granted are perpetual, worldwide, royalty-free, and irrevocable unless otherwise limited below.
 - I will not receive payment or have approval rights over final products.
 - I release EABC and its representatives from liability for lawful uses of the Materials, including claims relating to rights of publicity, privacy, or defamation, except in cases of willful misconduct.
 - I may contact EABC to request that future uses stop under EABC’s control; this cannot require recall or alteration of materials already printed, distributed, contracted, archived, or posted by third parties.
 - Electronic signatures carry the same legal weight as handwritten ones.
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Signer Information

Name of individual (“Subject”): _____

Email: _____

Phone: _____

City/State: _____

I am (check all that apply):

Optional display name or description: _____

Consent Choices (check one)

- ☐ **Full consent** – EABC may use the Materials without additional approval.
☐ **Anonymous** – Use without my name or identifying details.

Signature (Adult Subject)

By signing, I confirm I am **18 or older**, have read and understand this agreement, and consent to the uses described above.

Signature: _____ **Date:** _____

Printed Name: _____

If Subject is a Minor (Under 18)

Minor's Name: _____ **DOB (optional):** _____

Parent/Guardian Name: _____ **Relationship:** _____

Parent/Guardian Signature: _____ **Date:** _____

Photo/video sensitivity (optional):

- ☐ Use first name only ☐ Do not tag on social media

Internal Use (Completed by Staff)

Event/Program/Location: _____

Date(s) of capture: _____ Captured by: _____

Special notes/limits: _____

Governing Law: This release is subject to the laws of the State of Nevada, with venue in Clark County.