



Testimonial Release Authorization

Today's Date: _____

Full Name (print): _____

Testimonial Statement:





Testimonial Release Authorization

The undersigned hereby irrevocably consents to and authorizes use by Members First Credit Union (hereinafter called "Members First") (and its photographers, officers, directors, employees, assigns, licensees, or successors, and any other designee), of the undersigned's name, address, image, voice and/or likeness as follows: Members First shall have the right to photograph, record, publish, re-publish, adapt, exhibit, perform, reproduce, edit, modify, make derivative works, distribute, display or otherwise use or reuse the undersigned's testimonial, name, address, image, voice and/or likeness for advocacy, educational, marketing, publicity or other purposes in connection with any product or service in any markets, through any media or technology now known or hereafter developed, as long as there is no intent to use the testimonial, name, address, image, voice and/or likeness in a disparaging manner.

I acknowledge that the testimonial, video, photographs and other recordings taken of me become the sole and exclusive property of Members First and I release Members First from any claim or liability that may result from use consistent with my consent and this release. In addition, I waive any right to inspect or approve the finished product, including written copy wherein my name, likeness or testimonial appears. I acknowledge that Members First Credit Union is not obligated to use any of the rights granted in this form.

I hereby release and discharge Members First, its photographers, officers, directors, employees, assigns, licensees, or successors, and any other designee, from any and all claims and/or demands arising out of or in connection with the use of such testimonial, video, photograph or recording, including, but not limited to, any claims for defamation or invasion of privacy, which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am of legal age and have read the foregoing Testimonial Release Authorization and fully understand the contents thereof.

Date: _____

Member? Yes No

Full Name (print): _____

Address: _____

Email: _____ Phone: _____

Signature: _____

Internal Use Only
(1) Ensure complete
(2) Send to marketing

Employee: _____ Branch: _____

Product/Service: _____ Department: _____