

Parent(s) of Missing Child
Consent and Hold Harmless Agreement

I (we) _____ authorize the Polly Klaas Foundation and its agents, to assist in the location of my (our) missing child named _____ . My (our) signature(es) below indicate my (our) consent for the Polly Klaas Foundation to begin such assistance and to continue to its natural conclusion.

Consent is hereby granted for the use of photographs, video and electronic images of my (our) child along with information concerning the disappearance of my (our) child. The Polly Klaas Foundation may use such photographs, videos, images and information with law enforcement, investigators, and other child concern organizations, local and national media, including television, newspapers and magazines, flyers, posters, or any other distribution sources they deem necessary. I (we) agree that distribution, commercial and noncommercial, anywhere in the world, is permitted in any way the Polly Klaas Foundation sees fit in the effort to locate my (our) missing child.

I (we) further consent to the investigation and confirmation by the Polly Klaas Foundation and its agents of any and all information (we) have given or will give to assist in locating my (our) child.

By signing this Agreement, I (we) agree to release, indemnify and hold harmless, the Polly Klaas Foundation, its directors, officers, employees, volunteers, and authorized agents from any and all liability, claims and causes of action which may result or arise from the use of photographs, video or electronic images, or release of information concerning the disappearance or recovery of my (our) child. I (we) understand that the Polly Klaas Foundation in no way guarantees the location of my (our) child, or the actions that may be taken in the effort to find my (our) child.

I (we) agree to notify the Polly Klaas Foundation within ten (10) days of the location of my (our) child. I (we) will not hold the Polly Klaas Foundation or any other assisting agency or publisher or their agents liable for showing photographs, video or electronic images after the location and recovery of my (our) child.

(Signature)

(Date)

(Signature)

(Date)