



Testimonial Form

Yes! I would like to provide a testimonial regarding the Uptown Martinsville Electronic Benefits Transaction (EBT) program.

Testimonial/Quote: _____

First Name: _____

Last Name (Optional): _____

I hereby grant the Uptown Martinsville Farmer's Market permission to use my likeness in a testimonial, in any and all of its publications, including web-based publications, without payment or other consideration.

I understand and agree that all testimonials will become property of the Uptown Martinsville Farmer's Market, and will not be returned.

I hereby irrevocably authorize the Uptown Martinsville Farmers' Market to edit, alter, copy exhibit, publish, or distribute these testimonials for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the testimonials.

I hereby hold harmless, release, and forever discharge the Uptown Martinsville Farmers' Market from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate or may have by reason of the authorization.

I HAVE READ AND UNDERSTAND THE ABOVE TESTIMONIAL RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR IF I AM UNDER THE AGE OF 18, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENT/GUARDIAN AS EVIDENCED BY THEIR SIGNATURE BELOW. I ACCEPT:

Print Name _____

Signature

Date

If under the age of 18, **PARENT/GUARDIAN MUST SIGN**

Individual and as Parent and/or Legal Guardian Date