

Testimonial

Name: _____

Email: _____

Phone #: _____

Testimonial – Please print legibly below, or attach your testimonial *(testimonials may be used in full or sometimes shortened, depending on various uses).*

Yes, I would also like to participate in a video recording session with my testimonial.

No, I would not like to participate in a video recording session with my testimonial.

Please email to <u>aeastlick@siskiyoucu.org</u>, mail to Siskiyou Credit Union: PO Box 1125, Yreka CA 96097 or drop it by our office.



TESTIMONIAL RELEASE

I hereby grant Siskiyou Credit Union, and their authorized agents, contractors, and representatives, permission to use my testimonial in any Siskiyou Credit Union, large-scale advertising campaign (such as billboards, television, etc.), without payment or any other consideration. I understand and agree that any such testimonial and recorded materials will become the property of Siskiyou *Credit Union* and will not be returned to me. I irrevocably authorize *Siskiyou Credit Union* to use my testimonial in full, or shortened, or recording for purposes of publicizing Siskiyou Credit Union programs, or for any other lawful purpose. In addition, I waive the right to inspect or approve any finished product, including written or electronic copy, wherein my testimonial or recording appears. Additionally, I waive any right to royalties or other compensation arising from, or related to, the use of my testimonial, or recording taken of me. I hereby hold harmless and release and forever discharge Siskiyou Credit Union and their authorized agents, contractors, and representatives, from all claims, demands, and causes of action that I, my heirs, successors, or any other persons acting on my behalf, or on behalf of my estate, may have by reason of this authorization.

For purposes of this release, all words in the present tense shall include the future tense and vice-versa, and all words in the singular number shall extend to and include the plural number and vice-versa.

(Signature)

(Date)

(Printed name of person signing above)