



Social Media Consent/Release Form

for news media, promotional materials, written articles, research and/or photographs

I hereby authorize Project Change to use my photo and/or information related to my experiences with Project Change. I understand this information may be used in publications, including electronic publications, audiovisual presentations, promotional literature, advertising, community presentations, letter to area legislators and media and/or other similar ways. Project Change will disclose to me or my legal representative, where appropriate, the specific information and/or photo to be used prior to release in the social media.

My consent is freely given as a public service to Project Change, without expecting payment. I release Project Change and their respective volunteers, officers and agents from any and all liability which may arise from the use of such news media stories, promotional materials, written articles, video tape and/or photographs.

I prefer that:

- My complete name be used.
- My first name only be used.
- No name be used.

I understand that I can revoke this release any time in writing and that the use of any of my photos or other information authorized by this release will immediately cease.



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Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

*The signature of a parent or legal guardian is required if the above individual is under the age of 18 or is not competent.