



A Center for Independent Living

Photo/Video/Media Consent

I hereby give my permission to have a photo/video taken of myself. This consent will expire on:

Photo/Video/Media Release

I, _____ authorize Will-Grundy Center for Independent Living d/b/a/ Disability Resource Center to release a photo or video of myself for inclusion in a newspaper feature, brochure, video, web site or any other purpose.

I, _____ authorize Will-Grundy Center for Independent Living d/b/a/ Disability Resource Center to show or use a photo or video in which I am featured.

I, on behalf of myself or any other person who may have an interest in this matter, hereby release Will-Grundy Center for Independent Living d/b/a/ Disability Resource Center from all legal responsibility and liability that may arise from photographs or videos. I have hereby authorized the publishing, display, or other promulgation of my photo and or/video in which I am featured.

This authorization will be in effect until revoked by my written notice.

I further authorize Will-Grundy Center for Independent Living d/b/a/ Disability Resource Center to release my first and last names to any agent or employee of the local newspaper for use in identification of my photograph or for use in any article written by the newspaper.

Signature

Date

Parent/Guardian Signature, if needed

Date

Witness, if signed with a mark

Date

Staff Signature

Date