



PHOTO RELEASE/MEDIA CONSENT RELEASE FORM

The Center For Family Services gratefully acknowledges your participation in our Public Relations efforts. Public Relations activities include identifiable photographs and videos, printed materials, newspaper, radio or television interviews, public statements of personal experiences, performances, and/or other activities. By the nature of these activities, a participant necessarily gives up some privacy.

Permission:

I, _____, understand that my participation in Public Relations activities is completely voluntary and that refusal to participate in these activities will not in any way affect my receipt of services from Center For Family Services. Further, I understand that by signing this consent form, I am giving permission for photographs, videos, stories, and statements to be used in media produced by Center For Family Services such as annual reports, success stories, website, social media, and brochures.

The potential risks and benefits of participating in any of these activities have been reviewed with me by a staff member of Center For Family Services. I understand this review is not all inclusive, and that there may be other risks and benefits. I take full responsibility for any consequences that may rise as a result of my voluntary participation and will not hold Center For Family Services liable for any such consequences of my actions.

I also understand that I have the right to stop the recording, interview, photographs or other use of my personal experience at any time without jeopardizing my receipt of services. By signing this release, I waive any right I may have to inspect and/or approve the finished product or for remuneration or any payment for use of the copy which may be used in connection with the photograph or the context to which it is used.

I have read this consent; it has been explained to me and I understand all parts of the consent.

_____	_____
Name	Date
_____	_____
Signature	Date
_____	_____
Parent/Guardian, if minor	Date
_____	_____
Center For Family Services Staff Signature	Date