

MEDIA CONSENT FORM

I, _____ understand that my story, photo and voice is my own and hereby grant my permission to _____ to:

[CHECK ALL THAT APPLY]

- | | |
|--|--|
| <input type="checkbox"/> Interview me | <input type="checkbox"/> Record my voice |
| <input type="checkbox"/> Take pictures of my image | <input type="checkbox"/> Videotape me |
-

I understand that the information I provide may be edited and shared both immediately and in the future with organization's audiences on websites, in videos, and on other public online forums (email, social networking sites, newsletters, etc.). **I consent under the condition that the following requirements are met:**

[CHECK ONE]

- My image is used without being obscured.
- My image is obscured so as not to reveal my identity.

[CHECK ONE]

- My real name can be used.
- A pseudonym is used to protect my identity.

[CHECK ONE]

- My voice is used without masking.
- My voice is masked to protect my identity.
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I understand that media shared on the internet is subject to sharing and is accessible globally. I have the right to retract my consent after the production of the video, website, etc. **My interview, picture, voice, or video can be used by [media outlet] for:**

[CHECK ONE]

- | | |
|--|---|
| <input type="checkbox"/> One time only for _____ | <input type="checkbox"/> Up to one year |
| <input type="checkbox"/> Up to one month | <input type="checkbox"/> Other: _____ |
-

OTHER CONDITIONS:

CLIENT SIGNATURE

DATE

GUARDIAN WITNESS

ORGANIZATION SIGNATURE

DATE