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Participant's Printed Name

## Media Release Form

In order to keep the community informed and to recognize Community Christian Concern of Slidell's programs and services and effectiveness, we may include photographs, video images and or audio recordings of our employees, volunteers and neighbors in our promotional media and other publicity information distributed to the public.

By signing this form, I \_\_\_\_\_ understand and agree for Community Christian Concern of Slidell to use any images, photographs, video recordings or audio recordings, or any likeness of me for the promotion of the agency's programs or services, and for any lawful purpose, including without limitation, publicity in any and all forms through the internet, organization's website, social media sites, newspaper advertisement, promotional media, newsletter, and other commercial purposes.

I also understand that my story or testimonial as a response to the assistance offered by Community Christian Concern of Slidell may be used for the agency's publicity.

*Please initial each statement below:*

- \_\_\_\_ *I understand that no compensation or reimbursement of any kind, related to the use of the above materials shall be paid to me.*
- \_\_\_\_ *I understand that the above-referenced information may be used in subsequent years without additional consent.*
- \_\_\_\_ *I understand that I may terminate consent at any time with written notice provided to the agency, but such termination does not apply to information generated prior to the receipt of the consent termination. We require 48 hours for termination to be effective,*

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Participant Signature

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Date

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Parent / Guardian Signature

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Date