



Information Release Form

I _____ consent, without further consideration or compensation, that the following may be used by The Arc Central Chesapeake Region to promote The Arc and its mission: *(Please initial each release)*

_____ (a) Permission to use my name

_____ (b) Permission to share my person centered journey through interviews, films, photographs, tapes, or otherwise make a video reproduction of me and/or record my voice

_____ (c) Permission to use quotes from the interviews (or excerpts of such quotes), film, photographs, tapes or reproduction of me, and/or recording of my voice, in part or in whole, in its publications, in newspapers, magazines and other print media, on television, radio and social media and/or in mailings for educational and awareness.

_____ (d) Decline the use of any photos

By signing this form, I grant the right to use and publish general aspects of my story which may be included in, The Arc of the Central Chesapeake's publications, electronic reproductions (website) and/or promotional materials, social media, or any other purpose and in any manner or medium.

I understand that this consent form can be revoked at any time and/or be amended by giving notice to The Arc Central Chesapeake Region. I understand that any information released prior to a revocation cannot be retrieved. This authorization will expire upon termination of services or one year from the date signed.

Name: _____ Date: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Signature: _____
(Signature of principal or parent or guardian)

Printed Name of Signer *(if not principal)* _____

Relationship of signer to principal: _____

Address of signer *(if not principal)*: _____