Print

AUTHORIZATION TO USE / DISCLOSE INFORMATION

I authorize the Choice & Consequence organization to use and / disclose information for publicity purposes as specified below, for_____ (participant name). Publicity purposes may include radio, newspaper, videotapes, websites, and other published materials or broadcast venues.

Information to be used or disclosed:

I authorize the use of my / my minor child's image in photograph or video, their voice, name, age, gender, school, and the date and location where the above occurred for publicity purposes.

Please withhold the following information:_____

Information may be used by or disclosed to:

☐ **Media agencies or organizations (such as newspapers, television, and radio)**
☐ **Choice & Consequence publications**
☐ **Other_____**

I understand that I have the following rights: a) to inspect or copy this information, b) to receive a signed copy of this authorization, and c) to refuse to sign this authorization.

I may inspect or copy any information to be used and / or disclosed under this authorization.

Revocation: I understand that I may revoke this authorization by submitting a written revocation request to Choice & Consequence, 425 N. Olympic Ave., Arlington, WA 98223, at any time except to the extent that action has already been taken based on the original authorization. Feel free to call the office at (360) 435-7250 with any questions or concerns.

Unless revoked earlier, this authorization is in effect until the Choice & Consequence organization no longer requires the use of the publicity materials.

I understand that the use of this publicity material is voluntary and that no fee will be paid for its use. **This form must be completed in full.**

_____

Signature (for youth, a parent or legal guardian for minor child must sign) Date

_____

Print Name

_____

Street Address

_____

City, State, Zip Code

_____

Phone Number

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