**Photo and Information Release Form**

*The purpose of this form is to give permission for Open Arms Perinatal Services to use select photos or information about me and my family for fundraising and public relations purposes.*

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone:** day**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** evening **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| I give permission for Open Arms Perinatal Services to use information about me and my family for fundraising and public relations purposes. This information may include: |

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| --- | --- | --- |
| 1. Photographs Audio recordings Video recordings 2. Personal statements made during an interview Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| I understand that Open Arms’ use of this information may include: | | |
| 1. Brochures 2. Reports 3. Posters | 1. Newsletters 2. Grants 3. Video Recordings | 1. Audio Recordings 2. Public Service Announcements 3. Public Presentations |

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| I understand that this release form includes the public identification of myself and/or my family. I release any interest I may have in this information or material created from its use.  The type of information which may be used in Open Arms’ public relations/fundraising activities, and the advantages and disadvantages of its public use have been discussed with me. I understand that Open Arms’ permission to use my information as indicated above remains in effect until I change it by submitting a written request to Open Arms. |

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Signature of Consumer *(18 years and older)* Date

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Signature of Parent/Guardian *(if consumer is younger than 18)* Date