



PHOTO/STORY RELEASE

I, the undersigned self, parent, or legal guardian, intending to be legally bound by this release, authorize Access Services to use photographs of and/or stories about the individual, myself or my child for Access Services promotional materials. Materials are described as including but not limited to social media, newsletters, display boards, financial appeals, video and other marketing presentations. I understand that if a story is used the actual name will be used unless I specifically request in writing the use of a fictitious name to protect identity.

I realize this authorization is for the express purpose of furthering the work of Access Services. I understand that I am not entitled to any remuneration for my photo or story and I waive any rights to payments or royalties. I specifically release Access Services from any claims and any liability arising in any way whatsoever from the making, distribution or use of this promotional material.

I understand that I can rescind this authorization at any time by written request and that such rescission will be applicable to all publication and use after the date of receipt, but that materials distributed prior to the rescission will not be withdrawn.

Type/Description of Publicity

Printed Name of individual featured

Signature of self

Address: City, State, Zip

Signature of legal guardian or parent

Date

Witness

Date