

Photo & Video Release Form

Support Circles receives funding from grants and individual donors to provide the services available in this program. To demonstrate the appropriate use of their funds, and bolster future support we would like to use personal testimonies, photographs, and videos of our programs in action.

We are asking permission to be allowed to take pictures of you and/or your children, if they are involved in Support Circles, and use your comments to show the community the success of our programs.

Your right to privacy is taken very seriously and as such, we will use only first names as well as limit any personal information being shared.

These photos or videos may be used for newspapers, newsletters, display boards, websites, and other public relations. I hereby release Support Circles and any person with who/whom these photographs/videos will be delivered of any liability for the use thereof and any compensation for this release. I relinquish all rights of any photos or videos to be used by Support Circles.

By signing this release, I hereby state that I am 18 years of age or older and am the parent/legal guardian of any minor children who may be in photos and/or videos. I hereby give permission for photographs and/or video to be taken of me and/or my children for the purpose of the promotion of Support Circles.

| Participant's Signature | Date | |
|-------------------------|----------|--|