



## Photo and Interview Release Form

Date \_\_\_\_\_

I hereby grant the The Center for Developmental Disabilities Advocacy and Community Supports (The Center) permission to interview me and/or to use my likeness in photograph(s)/video in any and all of its publications and in any and all other media, whether now known or hereafter existing, in perpetuity, and for other uses by the The Center. I will make no monetary or other claim against the The Center for the use of the interview and/or the photograph(s)/video.

Name (print full name) \_\_\_\_\_

Signature \_\_\_\_\_

Relation to subject (if subject is a minor) \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Telephone \_\_\_\_\_