

PUBLICATION/WEBSITE/PHOTO/VIDEO/INTERVIEW RELEASE AND AUTHORIZATION

I,	(print name) residing at
	(address) understand that the
Community	Service Society of New York (CSS) promotes its work through publications, the
media, and a	ppeals for support, including publications transmitted via the Internet and other
electronic me	edia. By signing below, I grant CSS, its employees and agents, and those acting
with CSS's p	permission, including but not limited to Community Health Advocates (CHA), the
Health Care	for All New York (HCFANY) Coalition, Small Business Assistance Program
(SBAP), and	the CSS Navigator Network (CNN) (together CSS Affiliate Programs), permission
to include an	d identify me in any publications, photographs or other audio and/or visual
recordings of	f any kind and in whatever media it may use for educational, publicity, and/or
fundraising p	ourposes. If I was interviewed by staff from CSS or any CSS Affiliate Program(s), I
also give per	mission to CSS and its affiliate programs to use my name, my story, and any of my
-	for education, publicity and/or fund raising purposes in any medium. I understand
-	at CSS retains all rights to the photographs, moving images, sound recordings, and
	and that I will not be compensated for any CSS use of same. I hereby waive any
	ave to inspect or approve media that contains my name, image, sound recordings,
story, and/or	biographical data.
☐ By cl	necking this box, I do <u>not</u> permit CSS and CSS Affiliate Programs to use my name.
☐ By cl	necking this box, I do not permit CSS and CSS Affiliate Programs to use my
•	ograph or likeness.
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I underst	and that they may still use my story, any direct quotes, recordings, and other media
without ı	using my photograph or personally identifying me by name.

I understand and acknowledge that CSS and its affiliate programs will rely on this Release and Authorization, potentially at substantial cost, and I hereby agree not to assert any claim of any nature against CSS, its employees and agents, and/or CSS Affiliate Programs relating to the exercise of the permissions granted by this Release and Authorization. This Release and Authorization will be in effect for a **five-year period** from the date listed above, but I understand and agree the materials developed during this period may be utilized indefinitely. I am signing this Release and Authorization voluntarily, and understand that provision of services to me by CSS and/or CSS Affiliate Programs is not conditioned on whether or not I sign it. I also understand that I may revoke this Release and Authorization at any time, in writing, but that a revocation will not impact any use or disclosure made prior to the date the revocation is received.

Signature	Date
If person is a minor, signature of parent or guardian parent / guardian consents and authorizes the use of	•
Signature of Parent / Guardian	Date
Print Name:	