



Release Form for Publicity, Media and/or Agency Use

Release Form for Publicity, Media and/or Agency Use

I \_\_\_\_\_, hereby give Catholic Community Service and all its divisions including Children and Family Services, Hospice and Home Care of Juneau, and Southeast Senior Services, as well as all volunteer programs, permission to use my name, photo or appearance in any media format, written or electronic.

I hereby release Catholic Community Service, its programs, staff, volunteers and Board of Directors from any liability in connection with the use of my identity in any of the above formats. I understand that this release and consent are voluntary and no financial arrangements are involved.

Please check one.

Employee

Client

Volunteer

I permit use of my name, photo or appearance in any media format, written or electronic.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**OR**

I **DO NOT** permit use of my name, photo or appearance in any media format, written or electronic.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**A parent or guardian's signature is required if under 18 years of age. A signature may be required of a parent and/or guardian in certain instances for employees, clients or volunteers over the age of 18.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date