



Media Release Form

Friends Forever would like to photograph and/or record _____,
(Name)

and use those photos, videos or sound recordings in a professional manner. Therefore, I authorize Friends Forever-Colorado to use images or audio for the following:

Please circle your preference for each type of activity below:

1. **Physical Identification.** These images may be used solely for the purpose of identification. Examples: fact sheets, emergency cards.

Yes **No**

2. **Medical Documentation.** These images may be of injuries or medical conditions and be used in documentation such as incident reports and medical documentation.

Yes **No**

3. **Friends Forever Publications.** These images may be used in Publications such as the FF – CO Newsletter, promotional videos or invitations for events.

Yes **No**

4. **Social Media.** These images and/or audio may be displayed respectfully on Friends Forever – Colorado Facebook page or our website (which would identify the person as a participant in FF – CO). We would particularly like to post the images/audio of our special events such as the Holiday Party, Camps and service projects on the FF – CO social media pages and/or website.

Yes **No**

This authorization shall be in effect from the date on which it was signed. In addition, this authorization shall be limited to Friends Forever – Colorado staff members and volunteers and shall not be extended to others without express consent.

(Signature of Individual or Guardian)

(Date)