

AACS Media Consent and Release Form

Name (Please Print)

Program/Location

I hereby consent to participation in interviews, the use of quotes, and the taking of photographs, movies, or audio/video recordings of the person named above by employees, representatives, and authorized agents of Audubon Area Community Services, Inc.

I also grant to Audubon Area Community Services, Inc. the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release Audubon Area Community Services, Inc. and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Signature of Parent or Guardian (if child/student under 18)

Date

Address of Parent/Guardian

OR

Signature of Adult (if individual named above is 18 or over)

Date

Address