

Consent and Release Form

I/We hereby grant the permission to record and reproduce my/our likeness, voice, story, and name for use with the speakers bureau and other efforts to increase positive public awareness of the need for more foster and adoptive families. I/We may cancel this release at any time by providing written notice. This cancellation shall be effective 90 days after receipt of the notice, except it shall not apply to any printed materials ordered prior to the receipt of the notice, as those printed materials may continue to be used until the inventory is fully depleted. Signing this release is consent to use my/our photo, name, information, and story, and means they will become the property of _____. It does not take away my/our rights to publish my/our personal story/stories. It does not guarantee that my/our information will be used. I/We understand there will be no financial compensation. I/We also consent to contacting my family's adoption/foster care staff for the purpose of approval to promote my family's story as a representative from that state.

To be completed by anyone over 18 years old

I am 18 years of age or older and I agree to the above statement.

Signature: _____ Date: _____

Print name: _____

Address: _____

City/state/zip: _____

Phone: _____

Email: _____

To be completed by parent/guardian/legal representative

I am the parent/guardian/legal representative of _____, born on _____, and have authority to execute this release. I agree to the above statement and give consent for this publicity release action on behalf of the minor named here.

Signature: _____ Date: _____

Print name: _____

Address: _____

City/state/zip: _____

Phone: _____

Email: _____

PLEASE RETURN TO:

Facsimile (copy, fax, email) of this signed release shall serve the same as the original.

Consent and release form _____ (staff initial & date received)