

Madonna School & Community – Based Services

Media Authorization Form

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Effective Dates of this authorization: May 1, 2023 to April 30, 2024

I voluntarily authorize Madonna School & Community Based-Services to take photographs, produce newspaper or magazine articles, videotape recordings, internet materials and other visual and/or audio recordings in which I may be included in whole or in part for showing to the general public for publicity and promotion. I have had the opportunity to ask questions about the potential uses of the interview/photograph/videotape or other audiovisual.

I waive the following: (1) any proprietary rights in the materials, and (2) any rights I may have to inspect or approve the finished materials prior to publication.

I understand that the entities that receive the information may not be covered by federal privacy regulations, and that the information described above maybe used again by the recipient.

I understand that I may refuse to sign this authorization in writing at any time by notifying the Madonna Office.

I understand that Madonna School & Community-Based Services may not be able to honor a request to withdraw this authorization if the information has already been released.

I release Madonna School & Community Based Services and its employees and agents from any claims arising from the use of such materials.

I understand that in the event this form is not returned, consent will be assumed until notified otherwise.

_____ I consent to the release of media.

_____ I prefer not to release media.

Signature of Participant

Signature of parent, guardian, or authorized representative

Date

Relationship of above to participant

Witness