



## MEDIA RELEASE FORM

By signing below I, Mr./Mrs./Ms. \_\_\_\_\_ (name) authorize Supports to Encourage Low-income Families (SELF) to photograph, video or record me, members of my immediate family, my home and/or any work performed by the SELF program in which I participate.

I authorize the use of the images and statements in any media outlet such as newspapers, radio, television or Internet, the SELF website, and any other literature produced by SELF.

I understand the images and statements will be used for informational and instructional purposes only and will not be used to generate a profit or for any other commercial purposes. I also understand that SELF may choose not to use images of me, my family and/or my home.

I further authorize SELF to share these images and statements with state and national organizations or agencies for the same informational and instructional purposes.

I have not been compensated nor will I seek compensation for the photos or statements.

I release SELF from responsibility should a third party violate the terms of this release.

I am 18 years of age or older and I have read and understand this release.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Contact Number

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

---

For Office Use Only

Updated 9/12BR

<input type="checkbox"/> AAF	<input type="checkbox"/> HEAP	<input type="checkbox"/> IDA	Notes: _____
<input type="checkbox"/> GA	<input type="checkbox"/> HWAP	<input type="checkbox"/> ME	
<input type="checkbox"/> JOBSNOW!	<input type="checkbox"/> GWC	<input type="checkbox"/> Other _____	