



# Photo & Media Consent Form

## For Adults

The undersigned voluntarily consents to and gives Hope Beyond Bridges permission to use my photograph(s), likeness, name, story and/or voice, for publicity and communication purposes on behalf of Hope Beyond Bridges, including without limitation in printed publication and/or internet, and releases Hope Beyond Bridges or its members from any liability that may result from a use consistent with said release. **Please write legible.**

Please print name		Email Address	
Address		City / State/ Zip Code	
Mobile phone	Signature		Date

## For minor child(ren)

The undersigned voluntarily consents to and gives Hope Beyond Bridges permission to use my photograph(s), likeness, name, story and/or voice of the minor/ward identified below, for publicity and communication purposes on behalf of Hope Beyond Bridges, including without limitation in printed publication and/or internet, and releases Hope Beyond Bridges or its members from any liability that may result from a use consistent with said release. The undersigned Consenter represents and warrants that I am the parent or legal guardian of the minor/ward and have full authority to consent to this release on behalf of the minor/ward.

Please print name(s) of child(ren)		Please Print Name of Guardian / Consenter	
Signature of Guardian / Consenter		Relationship	
Address		City / State / Zip Code	
Guardian / Consenter Mobile Phone		Date	

- I authorize Hope Beyond Bridges to communicate with me via email.
- I authorize Hope Beyond Bridges to communicate with me via text.