



INFORMED CONSENT FOR USE OF CLIENT'S NAME OR IMAGE IN PUBLIC/MEDIA RELATIONS MATERIALS

Dev. 3/03 (Rev. 10/06)

Client Name: \_\_\_\_\_ Record #: \_\_\_\_\_

I understand that Lutheran Family Services will not use identifiable photographs or videotapes of me (or my ward) for media or public relations purposes without written consent. In the case of a minor or person who is developmentally disabled or incompetent and unable to fully understand this consent, both the minor and the parent or legal guardian/custodian must give consent. I also understand that my participation is strictly voluntary.

I hereby grant Lutheran Family Services permission to use (check all that apply):

- my name  my photograph  my artwork  a video recording of me

for public relations or media purposes. I understand that I am not required to give this permission in order to receive services from Lutheran Family Services. This permission expires one year from date signed, except in the case of publications already developed and distributed.

Initial release is to be used for:  magazine  newspaper article  brochure  television

video  other (identify): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_
(Client)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_
(Legal guardian/custodian, if applicable)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_
(Interpreter)

I certify that the client understands the purpose of this release form, and that permission was granted voluntarily.

LFS Staff Signature/Date: \_\_\_\_\_

Witness/Date: \_\_\_\_\_