NEW DAY STORYTELLING ADVOCATES
MEDIA CONSENT AND RELEASE FORM

I, (print name) _____, hereby grant permission to New Day Storytelling Advocates to take, use, and edit photographs, digital images, and/or video of me for use in online and print materials as they relate to New Day Storytelling Advocates' activities. I understand that these materials might include printed or electronic publications, images on websites, and other online communications. I further understand that my name and identity will not be revealed in descriptive text or commentary in connection with the image(s) unless all parties explicitly agree upon this request. I authorize the use of these images without compensation to me and agree that all negatives, prints, and digital reproductions shall be the property of New Day Storytelling Advocates.

I have read and understood this Consent and Release Form and hereby release New Day Storytelling Advocates and its agents and assigns from any and all claims that might arise out of or in connection with the use of the image(s) described above.

_____
Name

_____
Signature

_____
Date

_____

_____
Address

_____
Telephone Number

NEW DAY STORYTELLING ADVOCATES
PHOTOGRAPHY/VIDEOGRAPHY
CONSENT AND RELEASE FORM
FOR MINOR CHILDREN (UNDER 18 YEARS OF AGE)

I, (print name) _____, the parent or guardian of (child's name) _____ hereby grant permission to New Day Storytelling Advocates to take, use, and edit photographs and/or digital images of my child for use in online and print materials as they relate to New Day Storytelling Advocates' activities. I understand that these materials might include printed or electronic publications, images on websites, or other online communications. I further understand that my child's name and identity will not be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation and agree that all negatives, prints, and digital reproductions shall be the property of New Day Storytelling Advocates.

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_____
Name

_____
Signature

_____
Date

_____

_____
Address

_____
Telephone Number