



Media Consent

I hereby authorize **Isaiah Sixty1 Project** to use my photo, story, or any other pertinent information related to my experiences with sexual abuse and/or assault (any form of abuse and sexual violence). I understand this information may be used in publications, including electronic publications, audiovisual presentations, promotional literature, advertising, community presentations, letters to area legislators and media and/or other similar ways.

My consent is freely given as a public service to **Isaiah Sixty1 Project**, without expecting payment. I release **Isaiah Sixty1 Project** and their respective employees, volunteers, board members, and agents from all liability which may arise from the use of such news media stories, promotional materials, written articles, videotape and/or photographs.

I understand that I will not receive, and am giving up any claim to receive, any payment or royalties about the use of the material. The material may be edited, modified, and retouched.

I prefer that:

- My complete name be used
- My first name only be used
- No name be used

I understand that I can revoke this release any time in writing and that the use of any of my photos or other information authorized by this release will immediately cease.

Please print or type:

Name:

Address:

City, State, Zip:

Phone:

Email:

Signature: _____

Date: _____

The signature of a parent or legal guardian is required if the above individual is under the age of 18 or is not competent.