

MEDIA RELEASE FORM (*as of 4.1.19*)

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**Please check all that apply:**

\_\_\_\_\_ You may use my story and my photograph in ElderSource materials such as brochures, web site and social media. This includes sharing information with the local media outlets such as the newspaper or television stations.

\_\_\_\_\_ You may use my story, but not include my name or photograph.

\_\_\_\_\_ I decline to participate.

(Signature of adult or guardian of children under age 18)

Name (please print) \_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_

Phone (day) (evening)

Email Address (optional)

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you!**