

Media Release Consent

By signing this release form, I authorize Northern Nevada HOPES, to use the following personal information of _____ (hereafter referenced as "My" or "Me").

Preferred Name to Use in Public: _____

Phone Number: _____

E-mail Address: _____

Hopes Staff Member Referral: _____

Please Initial:

_____ (1) My picture – including photographic, motion picture, and electronic (video) images.

_____ (2) My voice – including sound and video recordings.

_____ (3) My Story – information about My experience here at HOPES, no unauthorized personal information will be released.

_____ (4) Other: _____

I hereby grant to Northern Nevada HOPES, its subsidiaries, licensees, successors and assigns, the right to use, publish, and reproduce, for all purposes, My name, pictures of Me in film or electronic (video) form, sound and video recordings of My voice, and printed and electronic copy of the information described in sections (1) and (2) above in any and all media including, without limitation, cable and broadcast television and the Internet, and for exhibition, distribution, promotion, advertising, sale, press conferences, meetings, hearings, educational conferences and in brochures and other print media. This permission extends to all languages, media, formats and markets now known or hereafter devised.

I further grant Northern Nevada HOPES all rights, title, and interest that I may have in all finished pictures, negatives, reproductions, and copies of the original print, and further grant Northern Nevada HOPES the right to give, sell, transfer, and exhibit the print in copies or facsimiles thereof, for marketing, communications, or advertising purposes, as it deems fit.

I hereby waive the right to receive any payment for signing this release and waive the right to receive any payment for Northern Nevada HOPES use of any of the material described above for any of the purposes authorized by this release. I also waive any right to inspect or approve finished photographs, audio, video, multimedia, or advertising recordings and copy or printed matter or computer generated scanned image and other electronic media that may be used in conjunction therewith or to approve the eventual use that it might be applied.

I understand and acknowledge the Media Release waves any and all rights that the individual now has or in the future may have to bring any legal action against HOPES for any damages caused directly or indirectly by the release of this information.

This authorization is effective immediately and is subject to revocation in writing at any time, except to the extent that action has already been taken in reliance thereon. This permission shall continue forever unless I revoke the permission in writing.

I understand that I must voluntarily and knowingly sign this Media Release before any information can be released and that I may refuse to sign, but in that event information cannot and will not be released.

I have read this form or have had it read to me in a language I can understand. I have had my questions about this form answered.

PRINT NAME OF PERSON GIVING CONSENT RELATIONSHIP TO INDIVIDUAL: ___Self ___Parent ___Guardian ___Authorized Representative

SIGNATURE OF PERSON GIVING CONSENT OR LEGAL REPRESENTATIVE DATE:

REVOKE MEDIA RELEASE CONSENT

I hereby revoke this authorization to release information. I understand that any information already shared with or in reliance upon My consent cannot be retrieved.

PRINT NAME OF PERSON GIVING CONSENT RELATIONSHIP TO INDIVIDUAL: ___Self ___Parent ___Guardian ___Authorized Representative

SIGNATURE OF PERSON GIVING CONSENT OF LEGAL REPRESENTATIVE DATE:

Media Release Consent

Medical/Personal Information *NOT* To Be Revealed Story*: _____

*THIS QUESTION DOES NOT PERTAIN TO INTERVIEWS WITH OUTSIDE MEDIA ORGANIZATIONS. ANY INFORMATION DISCLOSED TO ORGANIZATIONS OTHER THAN HOPES CAN BE PUBLICLY SHARED BY THAT THIRD PARTY.