



## CLIENT MEDIA CONSENT FORM

I consent and agree that My Sisters' Place may:

### CHECK ALL THAT APPLY

- |                          |   |                          |                                    |
|--------------------------|---|--------------------------|------------------------------------|
| <input type="checkbox"/> | take and use my photograph  | <input type="checkbox"/> | take and use my child's photograph |
| <input type="checkbox"/> | use artwork created by me   | <input type="checkbox"/> | use artwork created by my child    |
| <input type="checkbox"/> | use letters, poems or other written materials created by me       |                          |                                    |
| <input type="checkbox"/> | use letters, poems or other written materials created by my child |                          |                                    |
| <input type="checkbox"/> | interview me and use the contents of my interview                 |                          |                                    |
| <input type="checkbox"/> | interview my child and use the contents of the interview          |                          |                                    |

in connection with the My Sisters' Place fundraising journal, newsletter, website, social media sites, and/or other promotional, educational, fundraising, or informational materials produced by My Sisters' Place for the purposes of promotion, publication, commercial advertising, or otherwise, now or at any time in the future.

### CHECK ONE

- I do NOT give permission for My Sisters' Place to use my name, likeness, or other information
- I do NOT give permission for My Sisters' Place to use the name of my child, likeness, or other information
- I give permission for My Sisters' Place to use my name, likeness, or other information
- I give permission for My Sisters' Place to use the name of my child, likeness, or other information

I understand that My Sisters' Place is a nonprofit organization and that, therefore, the photograph or materials described above will be used only for not-for-profit purposes and not for the personal gain of any individual. These photographs and/or materials may be used by My Sisters' Place without the payment of, royalties, or other compensation to anyone and without the need to notify anyone or to seek further approval before doing so. I understand that I can revoke this consent at any time in writing or by calling the Development Department at (914) 683-1333.

Signature (if signer is under 18, signature of parent or guardian)

Print Name of child (if any)

Print Name

Date