MEDIA CONSENT & RELEASE FORM

By signing this form, I authorize the Pottstown Area Health & Wellness Foundation ("the Organization") to use my image, quotes, name, the taking of photographs, audio recordings, and video recordings, as well as information about my donations or gifts (the "Media"). The Organization may use the Media for promotional, educational, fundraising, or public awareness purposes, including but not limited to publications, broadcasts, online platforms, social media, and other forms of media.

I understand that information about my donation or gift may be shared, including its purpose and if I consent below, the contribution amount. I also understand this authorization is granted voluntarily, and I will not receive compensation for the use of the Media.

I release the Organization, its partners, agents, and assigns from any claims or liabilities related to the use of my Media, including but not limited to claims for libel, invasion of privacy, or emotional distress.

Please indicate your consent by checking "Yes" or "No" for each of the following:

- I grant permission for **Photographs** to be collected and used by the Organization.

  ☐ **Yes** ☐ **No**

- I grant permission for **Audio Recordings** to be collected and used by the Organization.

  ☐ **Yes** ☐ **No**

- I grant permission for **Video Recordings** to be collected and used by the Organization.

  ☐ **Yes** ☐ **No**

- I grant permission for my **Name and Quotes** to be used in connection with the Media.

  ☐ **Yes** ☐ **No**

- I grant permission for information about my **Donation/Gift** to be publicized:

☐ **With Dollar Amount** ☐ **Without Dollar Amount** ☐ **I prefer to remain Anonymous**

	Complete if participant is under 18 years of age.
Participant Name: ____________	**Parent/Guardian Name:** ____________
Participant Signature: ____________	**Parent/Guardian Signature:** ____________
Date: ____________	**Date:** ____________
Phone Number: ____________	**Phone Number:** ____________
Email Address: ____________	**Email Address:** ____________

www.PottstownFoundation.org
152 East High Street, Suite 500
Pottstown, PA 19464
(610) 323-2006