



Bridging the Gap – Memorial Video Release Form

Contact Email: **bridgingthegapsuicidebullying.mountainhomeid@gmail.com**

We are honored to remember and celebrate your loved one through our memorial video, which will be shared publicly as part of our *Bridging the Gap* mission to raise awareness about bullying, suicide, and hope.

By completing this form, you give permission for *Bridging the Gap* to include your loved one's photo(s), name, and remembrance message in the memorial video.

Loved One's Information

Full Name: _____

Date of Birth: ____ / ____ / ____

Date of Death: ____ / ____ / ____

Personal Message

(Please write a short remembrance, quote, or message you would like shared in the video.)

Photo Submission

■ I give permission to share photos of my loved one for the memorial video.

■ I approve that photos may be texted directly to **Rod Dudley** for inclusion.

Authorization

I understand that this video will be shared publicly to honor loved ones and spread awareness. I affirm that I am authorized to provide consent for the use of the submitted materials.

Name (Printed): _____

Signature: _____

Date: ____ / ____ / ____

Phone/Email: _____