



Consent To Collect, Use, and Disclose Stories, Photos and/or Video and Sound Recordings

Important – Complete this form when a photo, audio, video, video or written recording is needed for media, promotions, publications, education, presentations and other similar purposes.

Name of Individual being recorded		
Mailing Address		Phone
Name of Individual giving consent (Individual of Authorized Representative) X		Source of Representative's Authority
Type of Recording (check all that apply)		
X Still/Digital Photographs	X Sound Recordings	X Video Recordings <i>(with or without sound)</i>
X Interviews/Writing/Stories/Narratives	□ Other, specify _____	
Scope of Use or Disclosure □ Internal Only X Both Internal and External to DBRN, Inc.		
Purpose of collection and disclosure		
X Media Release/Interviews	X DBRN, Inc. Publications	X Promotions
X DBRN, Inc. Website	X DBRN, Inc. Education	X DBRN, Inc. Displays/Presentations
□ Other _____		
Name of person or group the recording, story or photo is being shared with (for example "The General Public", "DBRN, Inc. Website", "DBRN, Inc. Promotions"): DBRN, Inc. Website, DBRN, Inc. Promotions and the General Public _____		
<ul style="list-style-type: none"> ✓ I authorize Dream Big Resource Network, Inc. (DBRN, Inc.) to record me and/or take my photo and use them in communications about DBRN, Inc. programs and services. I understand there are many ways of sharing communication, including printed and electronic methods. I understand that the recording or photo may be shared with a range of people and groups. ✓ I authorize DBRN, Inc. to use my name, address and telephone number to contact me about this consent. ✓ I understand why these recordings and/or photos are being taken and how they may be used. I know that there are risks and benefits to giving this consent. I know that I can stop this consent at any time by informing AHS in writing. ✓ I understand that DBRN, Inc. cannot control information once it has been shared outside of DBRN, Inc. I understand that if I ask DBRN, Inc. to stop using my recordings and/or photos it will only stop <i>additional</i> use of those recordings and/or photos after the date my request is received by DBRN, Inc. ✓ I agree to release and discharge DBRN, Inc. and those that DBRN, Inc. is responsible for at law from the responsibility and liability of the content and claims for the printed/electronic communication where my information was used. I confirm that this release and discharge shall be binding upon my heirs, executors, administrators and assigns. 		
Date consent is effective 06/02/2021		Expiration Date x None
Signature of Individual/Authorized representative giving consent		Date
Name (Printed) Berdie Green	Signature	Date