



NAME/STORY/PHOTO RELEASE FORM

Instructions: Please review the criteria of this Release, complete and return it to *The10DressesProject*. If you have any questions regarding the Release, please contact The10DressesProject at 919-391-5902 or the10dressesproject@gmail.com. Thanks for your involvement and support.

NAME/STORY RELEASE

I hereby consent to and authorize the use and reproduction, in print or electronic format by The10DressesProject, to use all and/or part of my name and/or story for use in conjunction with The10DressesProject. I agree that The10DressesProject may use my story with or without my name for any lawful purpose including, but not limited to: storytelling, publicity related to such storytelling, illustration, advertising and Web content.

Please indicate if you would like your name to be changed for confidentiality: YES/ NO

I have read and understand the above:

Signature: _____ Printed Name: _____ Date: _____

Signature, parent or guardian (if under age 18): _____ Date: _____

PHOTO RELEASE

I hereby consent to and authorize the use and reproduction, in print or electronic format by The10DressesProject, to photographs of me and/or any photos I have or will provide to The10DressesProject. I agree that The10DressesProject may use such photographs of me with or without my name for any lawful purpose including, but not limited to: storytelling, publicity, illustration, advertising and Web content.

I have read and understand the above:

Signature: _____ Printed Name: _____ Date: _____

Signature, parent or guardian (if under age 18): _____ Date: _____

Contact Information:

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Social Media: _____