RSVP Volunteer Program

RELEASE/CONSENT FORM for PHOTOGRAPHY/VIDEO RECORDING/PERSONAL STORY

Thank you for agreeing to share your story and image as part of RSVP - VOA MN/WI communications. We see it as a gift given to us and to those we serve and we appreciate your partnership in helping us accomplish our mission of building self reliance, dignity and hope in individuals across our region.

Taking of Photographs/Video Recordings:
I agree to permit RSVP - Volunteers of America Minnesota/Wisconsin to make video recordings or photographs of me (person named below).

Use of Photographs/Video Recordings/ Personal Stories:
I understand and agree that my video, photographs or personal stories may be used in print and digital form, including social media, for the general purposes of promotion of RSVP - VOA MN/WI, including fundraising, research, education, training, and other forms of publicity.

Digital Communications/Web Site:
I understand that once my image, my story and/or my name are posted on RSVP - Volunteers of America Minnesota/Wisconsin social media or website, they will be accessible to anyone with an Internet connection and while we will endeavor to use the content provided to us in good faith, VOA MN/WI cannot control who accesses its digital formats.

Time Limit:
I do NOT place any limit on the period of time in which the photographs or video may be used except as stated here: _____________________________________________

Rights to Payment Relinquished:
I (person named below) give up all rights to receive payment as a result of the distribution, showing or other use of these photographs or video recordings.

Use of Name:
I give my consent with the understanding that I may be identified by name in any photographs, video recordings, or personal stories for use on RSVP - Volunteers of America Minnesota/Wisconsin web site or program related publications.

Name: ___________________________________ Signature: _______________________________

Date: ___________________ Phone/Email Contact ________________________________

-if necessary: Consent of Guardian

Name: ___________________________________ Signature: _______________________________

Relationship: ___________________ Phone/Email: ___________________________________