



MEDIA RELEASE FORM

I do hereby consent to and agree that Keystone Mission, its employees or agents have the right to:

- Take photos of me Record my voice Interview me Videotape me

I, _____, hereby give permission to **KEYSTONE MISSION** to use my first name and photographic likeness in any and all forms of print and media for fundraising, advertising, and any other lawful purposes. I further give **KEYSTONE MISSION** permission to reproduce my story as revealed to them in all of the above print and media outlets. This includes any and all photos, recordings, and videos which you have taken of me, for any purpose whatsoever, without further compensation to me. All negatives and positives, together with the prints shall constitute the sole property of Keystone Mission. I hold harmless the **KEYSTONE MISSION**, staff and volunteers for any liability relating to any information I reveal to them and agree to release for publication.

Project Name: _____

Date of Project: _____

Guest First Name: _____

Witness Name: _____

Date of Signature: _____

If minor is involved in Photo: I also give permission to use the photo and name of my minor children listed below.

Child's Name: _____

Child's Name: _____