



**INFORMED & VOLUNTARY CONSENT FOR
MEDIA RELEASE | RELEASE OF PUBLIC INFORMATION**

Individual's Name _____

I consent to my photograph | video being taken and/or used to publicize or demonstrate the nature and scope of VENTURE as described below. Written consent will be obtained for each occasion of release. This consent may be withheld or withdrawn at any time with no negative implications against any individual served by VENTURE. A copy will be kept on file in the VENTURE Marketing Department.

Purpose of Release: _____ To promote awareness of Venture programs and services _____

Photo Description & Location: _____

Name of VENTURE Staff Member Requesting Consent Title Date

Signature of Legal Guardian or Individual if Own Guardian Date

_ Legal Guardian Printed Name

Newsletter (1,000 to be distributed over the next year) _____ Spring / Summer 2020 Issue
Issue date(s)

Annual Report | Appeal (3,000 to be distributed over the next year) _____ FY-2020 issue
Issue date(s)

ALL Venture Social Media channels to include: Facebook, Twitter

_____ Press – newspapers | magazine _____
List Publication(s)

_____ Other _____

**Please return completed & signed form to VENTURE, attention:
Kerrie Mason, VP Marketing, | kmason@venturecs.org | x1136**