



## PERMISSION FOR RELEASE OF PHOTOGRAPHS/VIDEO IMAGES - 115 CMR 5.04(2)

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### SECTION I. Personal Information:

Individual's Name:

Date of Birth:

Address:

City:

State:

Zip:

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### SECTION II. Permission to Use Images:

Check Box A. if you wish to give Venture Community Services ongoing permission to use any images of you.

Check Box B. if you only wish to give Venture Community Services permission to use one or more specific images of you (and identify the images by digital description/number *e.g.* JPEG, GIF, PNG, or attach to this form).

You may check both A. and B. if you wish to give Venture permission to use both specific images of you and ongoing permission to use any images of you.

- A.  I hereby provide my permission to Venture to use any photographic image(s) and/or video(s) of me for the following purposes:
- B.  I hereby provide my permission to Venture to use these specific photographic image(s) and/or video(s) of me identify here or attach to this form for the following purposes:

Posting to the Venture Website and/or Social Media Accounts (*e.g.* Facebook, Twitter, Instagram, etc.). Note: social media posts may include personal information identifying me by name. I acknowledge that image(s) and/or video(s) posted on the internet can be viewed and downloaded by others and that social media posts may be shared or re-tweeted by other accounts once posted by Venture and I hereby consent to the same.

- Informational Brochures or Pamphlets
- Photographic or Video Presentations for Public Display
- Photographic or Video Presentations with Personal Information for Public Display
- Other (Please Specify)

I am providing my permission for the ongoing use or disclosure of photographs, and images taken of me (or the individual for whom I am guardian) and that Venture does not have to obtain my permission for additional uses of my image(s) and/or information that I have authorized above during the term of this Permission for Release.



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### SECTION III. Written Consent.

I understand that I can change my mind and cancel this permission at any time, but that such cancellation is forward-looking only, and will not affect information I already permitted to be released. If I revoke my permission, I must do so in writing and present it to the Venture staff or office authorized to use or disclose my images or information by this Permission for Release. I understand that once the above image(s)/information is/are disclosed, recipient(s) may re-disclose it and the material may not be protected by federal or state privacy laws or regulations. I understand my consent to the use or disclosure of my image(s) or information is voluntary and I do not need to sign this form to continue to receive services from Venture.

Signature of Individual or Guardian:

Date:

Print Name (and identify legal authority if signed by Guardian or other Legally-Authorized Representative)

My consent will expire on: \_\_\_\_\_ (*date or event – must not exceed one year*).

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#### INSTRUCTIONS:

- ✓ This form must be completed in full.
- ✓ Ensure that the expiration date or event listed on page 2 is practical.
- ✓ Distribution of copies: Original to Venture; copy to individual, guardian, or other legally authorized person
- ✓ Please return to: [info@venturecs.org](mailto:info@venturecs.org) or mail to attention Kerrie Mason, 1 Picker Rd, Sturbridge, MA 01566