

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

SECTION I. Personal Information:			
Individual's Name:			
Address:	City: .	State:	Zip:

SECTION II. Permission to Use Images:

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

A. I hereby provide my permission to Venture to use <u>any</u> photographic image(s) and/or video(s)of me for the following purposes:

□ Venture Social Media/Website (*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 retweeted 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
- Dependence of Video Presentations with Personal Information for Public Display
- □ Other (Please Specify)

By selecting Box A 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 permissionfor additional uses of my image(s) and/or information that I have authorized above during the term of this Permission for Release.

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

- B. □ I hereby provide my permission to Venture to use these <u>specific</u> photographic image(s) and/or video(s) of me identify here or attach to this form for the following purposes:
 - □ Venture social media
 - □ Informational Brochures or Pamphlets
 - Photographic or Video Presentations for Public Display
 - Photographic or Video Presentations with Personal Information for Public Display
 - □ Other (Please Specify)

Check Box C if you do not give Venture Community Services permission to use any images

C. Do not use any images or names



SECTION III. Written Consent.

I understand that I can change my mind and cancel this permission at any time, but that such cancellation is forwardlooking 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:

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

Today's Date:

My consent will expire on:

must not exceed one year

INSTRUCTIONS:

- \checkmark 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 or mail to attention Kerrie Mason, 1 Picker Rd, Sturbridge, MA 01566

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