

Consent and Release

for Interview, Photography, Video Recording,
and/or Media Postings



P: 828.277.4815 | F: 828.277.4814 | WNCbridge.org

Today's Date

Individual being interviewed, photographed, and/or recorded

Phone

Email

Individual's Address

If person being interviewed, photographed,
and/or recorded is a Minor or has a Proxy
representative, print the name of person giving
consent, and indicate relationship to the Minor

WNC County

Date of Birth

Signature of Person Giving Consent

Printed Name

Relationship to Minor

For use by WNC Bridge Foundation.

This form documents your permission for someone to interview, photograph, video record, and/or audio record you or someone for whom you have the legal right to make decisions, including your children. It could be that the local or national news media is interested in doing a story through a newspaper article, radio spot or television feature or it could be that WNC Bridge Foundation is interested in preparing a story, brochure, presentation, advertisement or website posting, including one or more of our partners websites. Third party media sites such as YouTube, Twitter, or Facebook may also be used.

1. I understand that I can say no to this request to be interviewed, photographed, video recorded, and/or audio recorded and that saying no will not affect treatment, the cost of treatment, or benefits.
2. I understand that my name and/or the name of the person for whom I make decisions (including my child) may be used. I also understand that, depending on the nature of the project, picture/video images, voice recordings and details about diagnosis/treatment/hospitalization of me or the person for whom I make decisions may also be used.
3. I have been told how the interview information, photograph, video recording, and/or audio recording will be used and the purpose of the project.
4. I understand that I will not be paid now or later.
5. I give permission for these materials to be used for any and all legitimate purposes, including educating the public, fundraising, or promoting WNC Bridge Foundation and for use by third party media companies.
6. I understand that the interview information, pictures, video recordings and/or voice recordings becomes the property of the organization that creates and publishes such items and I give up all rights to these materials.
7. I understand that it is impossible to control the use of pictures, video recordings, audio recordings, and interview information once these items are made public, and I understand that WNC Bridge Foundation has no control over what others may do with them. Various postings may occur on internet websites including You Tube, Twitter, Facebook and so forth. These materials may continue to exist and be accessible in some form in the future.
8. By signing this form, I give permission for WNC Bridge Foundation and third party media companies to use this material until I cancel my authorization by giving written notice to WNC Bridge Foundation at 294 Overlook Rd, Asheville, NC 28803. I understand that canceling this consent will not affect any action that WNC Bridge Foundation or a third party has already taken in reliance on this consent before receiving my written notice. Cancellation will not ensure deletion of the materials from all places.
9. By signing this consent form, I release WNC Bridge Foundation from liability from any claims, costs, expenses and damages that might result from the interview information, photographs, video recordings, and/or audio recordings being used.

INTERNAL USE

WNC Bridge Foundation staff member witnessing consent

Child Services

Grant

WNC Greatest Needs

You're Special

Other

Printed Name

Title

Signature