



### Media Release Form

823 Commerce Loop ♦ Port Townsend, WA 98368 ♦ (360) 385-2571

#### Release form for Publicity, Media and/or OlyCAP Agency Use

I \_\_\_\_\_, on this \_\_\_\_\_ day of \_\_\_\_\_,  
(Please Print) (Day) (Month)

- Hereby:  give OlyCAP and all of its division and volunteer programs permission
- Do not give OlyCAP and all of its division and volunteer programs permission

To use my name, photo or appearance in any media format, written, photographic or electronic, in perpetuity. I understand these will only be used to further the mission of OlyCAP, a non-profit.

By giving permission, I hereby release OlyCAP, its programs, staff, volunteers and Board of Directors from any liability in connection with the use of my identity in any of the above formats. I understand that this release and consent are voluntary and no financial arrangements are involved.

- Please check one:  Employee  Client
- Volunteer Volunteer Site Location: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

A parent or guardian's signature is required if under 18 years of age. A signature may be required of a parent and/or guardian in certain instances for employees, clients or volunteers over the age of 18.

Signature \_\_\_\_\_ Date \_\_\_\_\_

ECSs Program Use Only: \_\_\_\_\_  
Event

#### *Additional Client Information*

Address: \_\_\_\_\_

Phone Contact: \_\_\_\_\_

Best time to contact by phone: \_\_\_\_\_