



Media Release Form

2500 W Sims Way STE 201
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: _____