



Photo Release Form

I hereby authorize the use of the attached images, stories, and quotes for all future Nutrition First publications and productions on behalf of Nutrition First. I do so with the understanding that I will not receive any form of compensation for these uses. Such publications and productions may be designed to raise awareness about the organization and its programs and services, to raise money and in-kind donations, as well as recruit volunteer assistance to support the organization's programs. The publicity includes, but is not limited to:

1. Articles in organization publications and displays, such as newsletters, brochures, social media sites, annual reports, exhibits, etc.
2. Mailings sent to Nutrition First members and to the general public.
3. Media publicity and productions, including television, radio, and newspapers.

You may use my real name and the names of my children

Please change my name and my family members' names

Printed Name: _____

Guardian/parent for: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-Mail: _____

Signed: _____ Date: _____

Comments:

Staff Name: _____ WIC Agency/Clinic: _____