



## Media Use and Release Permission Form

Pisgah Health Foundation uses youth and adult photographs, video, and voice recordings for many purposes. Internally, these materials may appear in print, on our website, (as photos, videos, and/or podcasts), and/or in presentations. The news media- both in print and online – may use them in Foundation related news, coverage, in productions aired on television and/or the Web or in similar forms of communication/media. This form allows you as a parent/guardian or adult to choose whether you/your young may appear in these various media formats and illustrations used by PHF.

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### PLEASE CHOOSE ONE:

#### For anyone younger than 18 years old:

I give permission to Pisgah Health Foundation and/or the news media to make photographs, video, and/or illustrations of my child. Further, I authorize their use without inspecting or approving the finished product or its specific use.

#### For anyone 18 years old or older:

I give permission to Pisgah Health Foundation and/or the news media to make photographs, video, and/or illustrations of my child. Further, I authorize their use without inspecting or approving the finished product or its specific use. I am over 18 years old and provide my consent to use the images as described above.

#### For either:

I do not give permission for me/my child to be included in any media whatsoever.

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### Please fill out all the information below.

\_\_\_\_\_  
Minor's Parent/Guardian or Adult's Signature

\_\_\_\_\_  
Parent/Guardian or Adult's Printed Name

\_\_\_\_\_  
Student Name *(if applicable)*

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

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Apt/Unit Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Preferred Phone Number