



# Media Release

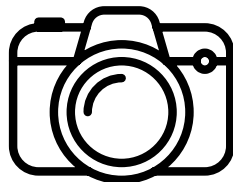
WNY Independent Living has my permission to use my likeness in their published materials.

## My likeness includes:

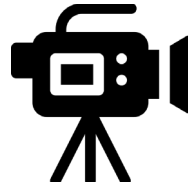
(Check off the ways you are okay being published)



My name

☐

My picture

☐

A recording of me

☐

My story

☐

My art

☐

## I understand that:



I will not be paid for the use of my likeness.



Allowing my likeness to be published means that I cannot control what the public does with it.



I give away any right to see or approve the final product before it is published.

My name: \_\_\_\_\_

My signature: \_\_\_\_\_

My email or phone number: \_\_\_\_\_

Signature of parent or guardian\*: \_\_\_\_\_

\*If individual is under 18 years of age or legally unable to grant release

Permission Expires: \_\_\_\_\_