



## Authorization to Photograph/Videotape/Interview

Release to Child Safe Michigan, dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

This Authorization and Release applies to (print names of individuals):

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- I hereby give consent to Child Safe Michigan to photograph, videotape, and/or interview the above named individuals for use in all Child Safe publicity including agency newsletters, website, social media, blogs, invitations, brochures, community education materials, and with the Media.
- I hereby give consent to Child Safe Michigan to photograph, videotape and/or interview the above named individuals for clinical/internal purposes.

I hereby release Child Safe Michigan of any and all claims against any person or organization utilizing any such photograph or recording in accordance with the authorization described above.

I will not hold Child Safe Michigan liable in the event that I voluntarily or inadvertently disclose confidential information about others or myself.

This Authorization and Release has no expiration date, unless otherwise indicated.

By signing this Authorization and Release, I understand that this consent is voluntary and can be revoked by request at any time.\* In addition, by signing this document on behalf of minor children, I represent and warrant the authority to sign this Authorization and Release on behalf of the named minor children. I acknowledge that I have completely read and fully understand the terms contained in this Authorization and Release, and agree to be bound thereby.

Parent/Guardian/Volunteer:

In the Presence of:

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Witness Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship

\* You have the right to terminate this authorization at any time by notifying your treatment manager or the Development Department at 248.554-6413. Any use of the above materials already in progress will continue, but no further use will be made.