

## VILLAGE COMMUNITY SERVICES Community Relations Release Form

Participant's Name: \_\_\_\_\_

### Community Relations Release

I, \_\_\_\_\_, give my permission for \_\_\_\_\_ to  
legal guardian participant's name  
 participate in the following activities and for Village Community Services to utilize the information marked below for community relations and fundraising purposes.

- |   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| Participant's Name  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Photos/video/audio  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Participant's art, poetry, prose  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Description of interests, activities, achievements, etc.                    | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Participant's success story   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Quotes (verbatim or paraphrased)  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| May participate in interviews with media                                    | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| May represent VCS at community relations activities/events                  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Birth date (to celebrate with the birthday song and place on VM&A calendar) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

\_\_\_\_\_  
    --                    --  
 Birthday      Month      Year (optional)

Comments \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_