**Media Consent Form**

**Service guarantee**

Sharing your story is your decision. The organization will not offer additional resources or benefits to you for sharing your story. Likewise, if you choose not to share your story, you will not lose access to the resources and benefits you currently have through our programs.

**Why we are asking for your story**

* Educate our audiences and increase their understanding of our work
* Inspire audiences to support our work by donating money, volunteering, or advocating for our cause.

**How we will use your story**

* We may or may not tell your full story, or share every detail you provided us.
* Additional context around your story may be added to enhance our audiences’ understanding.
* We may share your story, your image, or parts of your story in multiple formats, including websites, videos, email, and social media.
* We strive to represent your story and likeness authentically.

**Our global audience includes**

* Other organizations that work with us
* Donors (institutions, companies and groups of individual supporters) who support our work by providing funding and other resources.
* Media including newspapers, magazines, TV and radio.

**Your Rights**

* You have the right to access and update your story.
* You have the right to change your mind at any time and revoke your consent. If you inform us, we will not use your story in future communications. Please understand that we may not be able to withdraw images and stories already published.
* If you wish for your story to stop being used, or if you have any questions or comments about how your story is being used, please contact us at:

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permission**

I give permission to the organization to do the following:

\_\_\_\_\_\_\_Interview me
\_\_\_\_\_\_\_Take pictures of my image
\_\_\_\_\_\_\_Record my voice
\_\_\_\_\_\_\_Videotape me

**Privacy**

I request the following conditions about the use of my image, voice, and name:

\_\_\_\_\_\_\_Obscure my image so as not to reveal my identity
\_\_\_\_\_\_\_Use a pseudonym to protect my identity
\_\_\_\_\_\_\_Mask my voice to protect my identity

\_\_\_\_\_\_\_Other conditions or considerations (describe below):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signatures**

Contributor Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature (if minor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Translator Signature (if needed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_