

Media Release Form Authorization and Consent

I _____, being either of legal age to consent or the legal parent or guardian of
(Print Name)

_____, a minor child or person unable to consent on his or her own behalf, hereby grant
(Print Name)

Goodwill Industries of Southwest Florida, Inc. the right and permission to use the following as indicated by checkmark:

- | | |
|---|--|
| <p>_____ Quote</p> <p>_____ Photograph(s)</p> <p>_____ Video recording</p> <p>_____ Sound recording</p> <p>_____ Information related to my experiences
with Goodwill Industries of Southwest Florida, Inc.
may be used.</p> | <p>_____ Social Media (Facebook, Instagram,
Twitter, etc.)</p> <p>_____ Goodwill Website</p> <p>_____ Program Brochure</p> <p>_____ Program Newsletter</p> <p>_____ Program Documents (internal use)</p> |
|---|--|

For specific publication or event as follows: (To be completed at time of signature)

The consent shall remain in effect for a period of five (5) Years, or throughout the expected duration/use of the event/publication, intended for the event use unless I revoke it prior to that time. I understand that I may revoke this authorization by submitting a written request to: Director of Public Relations and Marketing, Goodwill Industries of Southwest Florida, Inc., 5100 Tice Street, Ft. Myers, Florida 33905. I understand that, if I revoke this authorization, my revocation will not have any effect on actions already taken by this Goodwill in reliance on my authorization. I will not disaffirm or disavow this consent and permission on the ground that I was unable to enter a binding contract on the date of execution hereof or any similar grounds whatsoever, or endeavor to recover from this Goodwill any sums for being depicted through this use. I understand that the information used or disclosed is subject to re-disclosure by the person(s) or class of person(s) receiving it and no longer protected by the federal privacy regulations.

I understand that, in any such use, Goodwill Industries of Southwest Florida, Inc. will exercise discretion and ethical judgment appropriate to the circumstances in which the above referenced information is used.

By signing below, I certify that I have read and understood the above Release Form, Authorization and Consent, I have been given the opportunity to have my questions answered, and I have been informed that this Goodwill must give me a copy of this document once it is signed. Further, I understand that the provisions of this release are legally binding.

Signature of Participant

Date

Signature of Personal Representative, if applicable

Description of Personal Representative, if applicable

Mission:

Goodwill Industries of Southwest Florida is committed to serving people with disabilities and disadvantages by offering life-changing opportunities to achieve independence.



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www.goodwillswfl.org

