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Media Release Form

For release of photographs, information & related materials

Participant Information

FIRST NAME	LAST NAME		
GROUP, PROGRAM or ACTIVITY			
PHONE #	EMAIL ADDRESS		
MAILING ADDRESS	CITY	STATE	ZIP

Please review before signing:

In signing below, I agree to be photographed, videotaped and/or recorded by Solid Ground while participating in the activity described above. I understand that Solid Ground may use this media (photographs, videotape, recordings and/or my statements), in whole or part, in Solid Ground materials such as:

- printed publications (e.g. brochures, newsletters, etc.)
- website (www.solid-ground.org)
- videos
- blogs and other social media
- grant proposals
- promotional materials to support Solid Ground and its programs (including the materials of funders who request photos of the people we serve)

I also understand that Solid Ground will own all rights to this media and may choose to use and/or publish some, all or none of it. As far as I know, what I say and do in this media will not violate the rights of any other person or company. If I no longer want my photos and/or story to be used, I agree to contact the Solid Ground Publications Coordinator at the contact info listed above.

Please Note: Once requested, Solid Ground will not create new materials using participants' media – but we may continue to use already printed materials until we can make replacements.

Participant or Adult's Signature

FULL NAME	DATE
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- Solid Ground may print our FULL NAMES
 FIRST NAMES only
 PSEUDONYMS only
 Only use our media for the following purpose (then delete): _____

Names of Children under 18 Years Old
(please print)

NAME	NAME
NAME	NAME
NAME	NAME
NAME	NAME

[ENGLISH]