



**CONSENT TO PHOTOGRAPH, FILM, OR VIDEOTAPE A PARTICIPANT FOR
NON-PROFIT USE (e.g. educational, public service, or health awareness
purposes)**

Name:

Date:

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of the Participant named above by **GOSO**.

I also grant the right to Getting Out and Staying Out Inc. to edit, use, and reuse said products for nonprofit purposes including use in print, on the internet, and all other forms of media.

I also hereby release Getting Out and Staying Out Inc. and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Signature of Parent/Guardian (if Participant is under 18): _____

DATE: _____

Signature of Participant: _____

DATE: _____