



**Individual Consent for Release and/or Use of Information**

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

I hereby give permission for Families First/ Georgia Adoption Reunion Registry to use my and/or my family picture/video for promotional purposes in the following ways.

\_\_\_\_\_ Georgia Adoption Reunion Registry's Website.

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I hereby give Families First/Georgia Adoption Reunion Registry permission to contact me when they need a representative(s) to talk about their experiences.

Please check all items that apply.

\_\_\_\_\_ Television interview.

\_\_\_\_\_ Radio interview.

\_\_\_\_\_ Newspaper article interview.

\_\_\_\_\_ On a panel speaking to prospective adoptive/foster parents.

\_\_\_\_\_ To speak at a fund-raising event or to potential donors

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No information shall be released to third party affiliate.

I waive all claims for any compensation for the use of my picture/video/interview, written information and/or verbal discussions.

All parties agree this consent is valid until written notification is received to terminate this consent from the client.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

GARR Representative \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Copy given to client