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Photo and Media Release Form

I, _____, give my permission to participate in:

Interviews, taking photographs, videos, use of my quotes, and life experiences for:

Booklets	audiovisual presentations	informational / educational publications
DVD	agency website	local/regional/national news
Videos	electronic publishing	promotional / advertising literature
Webinars	Social Media	community presentations

I give Tammy Evrard Consulting the right to edit, use and reuse media for the organization's purpose to be used in print, on the internet, and all other forms of media.

I have the right to contact Tammy Evrard at Tammy Evrard Consulting at (808) 772-0294 for more information about the use of my photographs, video and/or story.

I have read, understand and agree with the purpose and use of my pictures, videos and stories.

I agree to release Tammy Evrard Consulting from any claims, demands, and liabilities whatsoever in connection with the above.

As the person or conservator, I have the authority to give my consent. I understand that I have the right to revoke this consent at any time in writing and that the use of any of my photos or other information authorized by this release will immediately cease.

Signature of Individual

Date

Signature (*Conservator/Authorized Representative*)

Date

Dates of consent: ___ One Year from Date ___ On-going from Date