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Penny Harvest 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
- 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