



First In Families of North Carolina
supporting individuals with developmental disabilities and their families

Consent for the Use of My Photograph or Other Information

I, _____, hereby authorize First In Families of North Carolina to take videos, photographs or use quotes for the sole purpose of promoting First In Families. I understand that these videos, photographs and/or quotes will be shared in a variety of venues such as, but not limited to, health or community fairs, conferences, presentations in the community, with a variety of individuals or groups, such as but not limited to, First In Families staff, Board of Directors and Management Team members, community stakeholders, and legislators.

I understand that this release will remain in effect from the date below until one year after the date of my signature below. I understand that I may revoke this consent at any time.

Date

Signature of Person or Guardian

Printed Name _____

Address _____

Phone _____

Fax _____

Email _____

Each photograph or video must be accompanied by a separate Consent for Use of My Photograph or Other Information for each person appearing in the photograph or video.

First In Families of North Carolina
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Durham, NC 27701