



## PHOTOGRAPHY/VIDEO RECORDING/PERSONAL STORY RELEASE CONSENT

I, \_\_\_\_\_, by signing this release, allow the Minnesota Assistance Council for Veterans (MACV) to share the information indicated below. I understand that I am under no obligation to consent to release of this information and my eligibility and receipt of MACV services is not impacted by either my consent to this release or declining to consent to this release.

This release applies to the following individuals in my household:

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I understand that images and content shared through the internet can be downloaded and shared by the general public and that, once released, full retraction may not be possible.

### **Photographs/Video Recordings:**

Minnesota Assistance Council for Veterans and associated media partners create and distribute photographs and/or video recordings to illustrate the work of MACV.

### **Personal Stories:**

Personal stories may include a description of the services provided by MACV, client-created content, and/or other forms of communication that illustrate my life experiences.

### **Use of Photographs, Video Recordings, and Personal Stories**

Photographs, video recordings, and personal stories collected may be used for the general purposes of research, education, training, social media and other forms of publicity.

### **Rights to Payment Relinquished:**

I give up all rights to receive payment as a result of the distribution, showing, or other use of these photographs, video recordings, or personal stories.

### **Use of Name:**

I give my consent with the understanding that I may be identified by name in any photographs, video recordings, or personal stories for use on Minnesota Assistance Council for Veterans' web site or publications.



Extent of Release:

I hereby allow MACV to create content for public distribution and share publicly the following:

- Photographs
- Video Recordings
- Personal Stories
- Exceptions: \_\_\_\_\_
  - Example: no minor children, first name only, no images w/ identifiable location, information about criminal history

Any of the individuals listed in this release reserve the right to retract this release at any time and understand that doing so has no impact on eligibility or receipt of MACV services. I (we) acknowledge that not all information released can be fully retracted.

**Time Limit:**

This release expires two (2) years from the date of signature,

Name: \_\_\_\_\_ Witness: \_\_\_\_\_

Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Witness: \_\_\_\_\_

Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Witness: \_\_\_\_\_

Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

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