

Story and Photo Consent/Release Form

I hereby authorize The EHE Foundation to use my provided photo(s) and/or story (all or in part) related to my experiences with EHE. I understand this information may be used in social media, news media, publications, including electronic publications, audiovisual presentations, promotional literature, advertising or marketing materials, and/or similar ways.

My consent is freely given as a public service to The EHE Foundation, without expecting payment. I release The EHE Foundation and their respective Board of Directors, Board of Advisors, staff, and volunteers from any and all liability which may arise from the use of such news media stories, promotional materials, written articles, video, and/or photographs.

I understand that I can revoke this release any time in writing and that the use of any of my photos or other information authorized by this release will immediately cease.

Please print or type:

Full Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Signature: _____

The signature of a parent or legal guardian is required above if the above individual is under the age of 18 or is not competent.

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