

Authorization for Use of Photos, Audio and Video Recordings, & Information

On Lok is always pleased when participants are willing to share their stories. Information about the services you receive and your experiences within our programs can help promote our mission of service. The privacy of program participants and confidentiality of personal information are among our highest priorities. To ensure that On Lok is acting in accordance with your wishes, we ask that you review and complete this form.

Interviews, photos, and audio or video recordings of you might be used in printed materials, or used on the radio, television, internet, or social media for:

- Publicity
- Newsletters
- Advertising
- Fundraising
- News-gathering
- Special events
- Media events
- Community education

If you agree that your photos, audio or video recordings, and information may be used in these ways, please sign and date the bottom of this form.

How Long Is the Form Good? This form is reviewed by program participants at the time of registration and during the annual reregistration period, and expires no later than 1 year after the date of your signature below (unless a different date is specified here _____).

May I Withdraw My Consent? Yes. If you change your mind, you can ask our program staff to stop taking your photos and/or recording you at any time after signing this agreement.

When we receive your request to withdraw consent, we will stop any new use of your photos, audio or video recordings, and information, but we cannot remove your photos, audio or video recordings, and information from publications or videos already created, or stop the use of photos, audio or video recordings, and information already given to the media or someone outside of On Lok.

PLEASE READ EACH STATEMENT CAREFULLY.

I understand, by signing this form that:

- I give my permission for On Lok to use my photos, audio and video recordings, and information.
- I release and fully discharge On Lok, and its employees, agents, and representatives from any claim, damages, or liability arising from or related to the use of my photos, audio and video recordings, and information as long as they follow the terms I have agreed to.

- I will not be entitled to any payment or other form of remuneration for the use of my photos, audio and video recordings, and information.
- This authorization is voluntary. Refusing to sign will not affect program registration or eligibility for benefits and/or services from On Lok.
- I have the right to change my mind and revoke my permission at any time.
- If my information is disclosed to a third person, including media, the information can no longer be protected by On Lok, and may be re-disclosed by the person or organization that receives the information.
- I have the right to receive a copy of this authorization.

Name of Participant: _____

Signature: _____ **Date:** _____

(Person who is allowing the use of photos, audio and video recordings, and information)

If signed by someone other than the participant, print your name and state your legal relationship to the participant: _____

If the participant is unable to write his/her name, he/she should enter "X" or other mark above in the signature block and obtain witness signature below:

Witness Signature: _____ **Date:** _____

Printed Name: _____

The above statements must be signed and dated to be valid.