



Dedicated to offering quality life style choices
to teens and adults with disabilities.

Media Recording Release Form

I, the undersigned, do hereby grant or deny permission to Some Place Special to use the image of Participant/Volunteer, _____, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of participant for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Some Place Special Web site.

- Deny permission to use Participant/Volunteer image at all.
- Grant permission to use participant's/volunteer's image in the following ways (mark all that apply):
 - Limited usage:** I want my participant's/volunteer's image used within the Some Place Special setting only (not in the larger community).
 - Limited usage:** I want my participant's/ volunteer's image used on printed materials only (no digital or video use).
 - Unrestricted usage:** I give unrestricted permission for my participant's/ volunteer's image to be used in print, video, and digital media. I agree that these images may be used by Some Place Special for a variety of purposes and that these images may be used without further notifying me. I do understand that the participant's / volunteer's last name will not be used in conjunction with any video or digital images.

Printed Name: _____

Parent/guardian signature _____ Date _____