



## MEDIA CONSENT FORM

I, \_\_\_\_\_, give the *Amputee Coalition and its authorized partners*, permission to use my name, likeness, image, voice, story, and/or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, quotes, print or online written documents, and the like, taken or made on behalf of *Amputee Coalition* activities. I agree that the *Amputee Coalition* has ownership of such pictures, etc., including the entire copyright, and may use them for any purpose consistent with the *Amputee Coalition's* mission. These uses include, but are not limited to illustrations, bulletins, exhibitions, videos, reprints, reproductions, publications, and any promotional or educational materials in any medium now known or later developed. I acknowledge that I will not receive any compensation for the use of such pictures or materials and hereby release the *Amputee Coalition* and its agents and assigns from any and all claims which arise out of or are in any way connected with such use.

I have read and understood this consent and release.

***I give my consent*** to the *Amputee Coalition* to use my name, story, and likeness to promote the *Amputee Coalition's* mission and activities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Legal guardian (if under age 18)

\_\_\_\_\_  
Date