



## Media Release Form

I, the undersigned, hereby authorize The Haven to photograph me, take motion pictures of me, take video footage of me, and/or make electronic sound recordings of me (herein referred to as photographic or electronic reproductions) during my employment at The Haven.

I authorize the use of any such photographic or electronic reproductions of me for any purpose, including, but not limited to educational and other public media as may be deemed appropriate by The Haven, Inc. or its subsidiary organizations. (I understand that I may be identifiable from such photographic or electronic reproduction).

I understand that any photographic or electronic reproductions of me covered by this release become the property of The Haven, Inc.

**This release can be evoked at any time by sending a written message to the Executive Office Coordinator.**

Agreed and accepted by:

Print Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_