 

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_grant to Children First for Oregon (CFFO) and to Oregon Foster Youth Connection (OFYC) the right and permission to use, in whole or in part, my name, story, image, voice and other information that I have provided to them, in any way, including, on and in the internet, web sites, print, radio, television or any other media. I understand that my story may include personal information that I have provided to CFFO and/or OFYC. I also understand that editorial changes may be made to my story, but that no material changes will be made to my story without my permission. I also agree to respond to reasonable inquiries from the media.

I hereby agree to release and discharge CFFO and OFYC from any and all claims, demands or causes of action that I may now or may hereafter have for invasion of privacy or right of publicity, infringement of copyright or violation of any other right or privilege arising out of or relating to any utilization, in any way, of my name, story, image, voice and other information that I have provided to them, or based upon any failure or omission to make use thereof.

This release shall be construed in accordance with the laws of the State of Oregon applicable to agreements that are fully signed and performed within the State of Oregon.

**I have carefully read the terms of this consent and release and have indicated my understanding and agreement to such terms by my signature as set forth below**.

**Your Printed Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone Number**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Home)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Cell)

**Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State**\_\_\_\_\_\_\_\_ **Zip**\_\_\_\_\_\_\_

**E-mail Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\* IF UNDER THE AGE OF 18, YOU MUST ALSO PROVIDE THE FOLLOWING \*\*\***

**Parent or Guardian's Printed Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent or Guardian's Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please print this out, fill it out and send it to:

***Children First for Oregon, PO Box 14914 Portland, OR 97293 Fax: 503-236-3048***