

LIVE UNITED



**United Way of the
Eastern Upper Peninsula**

Photo/Testimonial Release Form

I hereby grant permission to the United Way of the Eastern Upper Peninsula to use photographs and/or video and/or testimonial stories of myself and/or my child(ren) in official United Way presentations and promotional materials, which may include: printed materials and publications, advertisements, website, social networking sites such as Facebook, and PowerPoint presentations without further consideration. I acknowledge the United Way's right to crop or treat photographs at its discretion. I also acknowledge that the United Way may choose not to use my photo at this time, but may do so at its own discretion at a later date.

Please print the following information:

Name: _____

Mailing Address: _____

City, State and Zip Code: _____

Telephone: () _____

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Signature of adult participant or parent/guardian of minor

Date