



Release Form for Media Recording

I, the undersigned, give or deny permission to CASA of Central VA to use my image or name as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or other use of photographs, images, and/or video taken of me for use in materials that include, but may not be limited to, printed materials such as brochures or newsletters, videos or slideshows, and digital images such as those on the CASA of Central VA website or social media.

Event Photography & Marketing—Choose One:

- ☐ Deny permission to capture my image or print/publish my name at all leading up to, at, or after the event.
- ☐ Give permission to use my image and in the following ways (choose ONE):
 - ☐ **Personal Use Only:** I give permission to capture my image, but those photos may only be released to *myself or my case professionals/invited guests*. I do not give permission to release my name or image for viewing by other attendees of the banquet (e.g. I do not want my name printed in the program, or others to see pictures of me in the online photo gallery).
 - ☐ **Limited usage:** I give permission to take photos or video of me or to print my name, but want my image and name circulated ONLY amongst those who attend the 2017 Graduation Banquet (e.g. event program, slideshow shown at event, online photo gallery or video of event; NOT in the larger community).
 - ☐ **Extended usage:** I give permission for my name or image to be used in print, video, and digital media by CASA of Central Virginia, including social media platforms. I agree that these images may be used by CASA of Central Virginia in reporting on the Graduation Banquet, or to support the mission and work of CASA. These images may be used without further notifying me.
 - ☐ **Tagging—Choose one:**
 - ☐ I DO wish to be tagged when my image is shared on social media.
Profile Name: _____
 - ☐ I do NOT wish to be tagged when my image is shared on social media.

Outside Media—Choose All That Apply:

- ☐ I deny permission to publish my name or image in media outside of CASA of Central Virginia.
- ☐ **Unrestricted usage:** I give permission for my name or image to be used in print, video, and digital media by CASA of Central Virginia or other media organization. I agree that these images may be used for a variety of purposes, and that these images may be used without further notifying me.
- ☐ **Interview:** In addition to giving permission to publish my name or image, I am willing to be interviewed by a reporter for print, video or digital media.

Graduate Signature: _____ Date: _____

If Under 18, Signature of Custodian: _____ Date: _____

Print Name & Organization: _____