



**PRINT OR ELECTRONIC MEDIA PUBLICITY PERMISSION OR RESTRICTION**

PLEASE CHECK THE APPROPRIATE RESPONSES REGARDING THE USE OF IDENTIFYING PHOTOS, QUOTES ATTRIBUTED TO YOU, OR OTHER IDENTIFYING INFORMATION FOR THE PURPOSE OF PROMOTING AND EDUCATING THE PUBLIC ABOUT CIRCLES MARION COUNTY.

I GIVE PERMISSION FOR MY PHOTOGRAPH WITH MY NAME IDENTIFIED TO BE PUBLISHED IN PRINT AND SOCIAL MEDIA FOR THE PURPOSE OF PROMOTING CIRCLES MARION COUNTY.

YES

NO

I GIVE PERMISSION FOR MY CHILDREN'S PHOTOGRAPH WITH IDENTIFYING NAME TO BE PUBLISHED IN PRINT AND SOCIAL MEDIA TO PROMOTE CIRCLES MARION COUNTY.

YES          CHILDREN'S NAMES \_\_\_\_\_

NO          CHILDREN'S NAMES \_\_\_\_\_

I GIVE PERMISSION FOR PRINT AND SOCIAL MEDIA TO USE MY NAME AND QUOTES ATTRIBUTED TO ME IN ORDER TO INFORM ABOUT AND PROMOTE THE CIRCLES MARION COUNTY PROJECT.

YES

NO

COMMENTS OR OTHER INFORMATION:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_