L'Arche Atlanta Media Release Form

I, (print name) _____, hereby grant **L'Arche Atlanta** and its partners the right and permission to use my name, likeness, image, photo, video, and/or audio recordings for the purpose of promoting the mission of L'Arche. This includes, but is not limited to, use in:

- **Printed Materials:** Event programs, newsletters, annual reports, and brochures.
- **Digital Media:** Social media, websites, promotional videos, e-newsletters, and email communications.

I acknowledge that L'Arche Atlanta or its designee shall have complete ownership of the product in which I appear, including copyright interests, and I acknowledge that I have no interest in ownership in the media or its copyright:

☐ I give permission for the use of my name, likeness, image, voice, photo for any and all purposes mentioned above.

☐ I do **not** give permission for the use of my name, likeness, image, voice, photo for any and all purposes mentioned above.

_____ _____

Signature Date

_____

Signature of Parent or Guardian (if applicable)

_____ _____

Print of Parent or Guardian Name (if applicable) Date