



Exceptional Children's Foundation

Annual Client Consent and Release **For use of Photo/Film/and Certain Private Health Information**

By signing this release form, I hereby agree to be photographed, filmed, or videotaped and consent to the use of this material by the EXCEPTIONAL CHILDREN'S FOUNDATION (ECF) in its own publications or productions, or by the media, or by the use of approved third-parties for the purpose of aiding the fundraising/PR/program activities of ECF. Planned use of this material is for promotional purposes that will include, but is/are not limited to, postcards, direct mail letters, annual reports, brochures, videos, websites, emails, and social media.

I also authorize ECF to use and/or disclose certain details about my health challenges and diagnosis, services provided to me by ECF and the impact I experienced as a result of receiving these services for the limited purpose of increasing awareness about and promoting ECF to various stakeholder groups, including the general public, through client storytelling.

I waive the right to receive any payment for signing this release and waive the right to receive any payment for ECF's use of any of the material(s) described above for any of the purposes authorized by this release.

I am eighteen years or older and have the right to enter into this Consent and Release. I understand that my consent is voluntary, and I hereby give it freely. I understand that my consent shall continue unless I revoke the consent in writing.

Name of Client: _____ Client/Rep Telephone: _____

Address: _____ City/State Zip Code: _____

Client Signature: _____ Date: _____

I hereby certify that I am the parent, guardian or conservator who is legally authorized to act on behalf of (client name) _____, who is under the age of eighteen years or is under a conservatorship, and to whom this release applies. I have the legal authority to execute this consent and release on his or her behalf. I approve the foregoing and agree that we both shall be bound thereby.

Client Rep Signature: _____ Date: _____

Relationship to Client: _____

- Client declines to provide consent for use of photo, film and video. If this box is selected a photograph of the client must accompany this form and be kept on file at the program site.
- Client declines to provide consent for release of information about their health and experience with ECF services.