

PUBLICATION RELEASE

"I, _____, hereby give my consent to YWCA NorthEastern NY to use my photograph, story, video, and/or image in their publications, advertising, media activities, social media, and various professional contexts."

Voluntary Participation:

I confirm that my participation is voluntary and that I have read and understood this form.

I would like my name to be changed for publications.

My name does not need to be changed for publications.

Print Name

Date

Signature