

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." This consent is valid during and after my employment period.

Use and Release:

I understand that my image may be used in various company materials, without compensation, and release YWCA NorthEastern NY's from any claims arising from such use.

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