



CONSENT FOR RELEASE OF IDENTIFYING INFORMATION FOR MEDIA PURPOSES

With my signature below, I hereby authorize New Life Family Services to use the below indicated options depicting my identity and/or written text for display, presentation, print, and general advertising purposes. I understand that the options I have indicated below (photographs and/or written text) may be used in ongoing print media, video media, or incorporated into the agency's public websites without my further consent.

In consideration of this consent, I hereby release, indefinitely discharge, and hold harmless, New Life Family Services and its staff from any and all claims and damages arising out of the use of this information.

With my initials below, along with my photos, I consent to the use of my (indicate all that apply):

Personal story Personal quote
 Full name First name only A pseudonym in place of my name
 Connection with New Life/First Care, including services used
(example: birth mother, Conquerors client, adoptive family, donor/supporter, etc.)
 Other (explain) _____

I, Jessie Carlson, understand and agree to the above terms.

Signature Jessie Carlson Date 2-28-15

Phone number 1 (651) 242-6926 Email address jsscarlson@gmail.com

If participant is a minor:

Printed full name of Guardian _____

Relationship to above-name minor _____

Signature of Guardian _____ Date _____

Phone number () Email address _____

Return to:
New Life Family Services
Attn: Communications Manager
1515 East 66th Street
Richfield, MN 55423

FOR OFFICE USE:

Document obtained by _____ at _____
Signature of staff person *Office location*

Date document submitted to Communications Manager _____

For Communications Manager: Document electronically scanned _____ Document filed _____