



PHOTO/VIDEO/COMMENT RELEASE

I, _____ (insert name), agree to allow my picture or video to be taken and allow my comments to be shared on the Capital Area Employment 1st Website and Facebook page which is managed by UCP Central PA.

IF PERSON IS AT LEAST 18, check applicable box(es):

- I am at least 18 years of age.** (If yes, proceed to next box)
- I can give my own consent.** (If no, this form MUST ALSO be signed by the guardian – see below)

This agreement has been explained to me and my questions have been answered. I choose to allow my picture, video, and/or thoughts to be used by UCP of Central PA ONLY for the purposes of the Capital Area Employment 1st Website and Facebook page.

WITNESSED BY:

 Signature of Witness
 Date: _____

 Signature
 Printed Name: _____
 Address: _____

 Date: _____

IF UNABLE TO GIVE CONSENT:

I represent that I am the legal guardian of the person who has signed this release and I hereby agree to allow the individual named above to have pictures, videos, and/or to be used by UCP of Central PA ONLY for the purposes of the Capital Area Employment 1st Website and Facebook page.

WITNESSED BY:

 Signature of Witness
 Date: _____

 Signature
 Printed Name: _____
 Relationship: _____
 Address: _____

 Date: _____