



PARTICIPANT PHOTO, VIDEO & TESTIMONIAL  
RELEASE FORM

22<sup>nd</sup> Annual SISTER to SISTER Leadership Conference  
Celebrating Asian & Pacific Islander Women of Tomorrow  
Thursday, April 13, 2017  
San Jose School of Arts & Culture

Participant Name \_\_\_\_\_ Date of Birth / Age \_\_\_\_\_  
Address, City, Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

I, \_\_\_\_\_ authorize  
First Name (Print) Last Name (Print)

Asian American Recovery Services, a program of HealthRIGHT 360 to use my or my child’s picture and/or personal statement/testimonial for the purpose and development of future SISTER to SISTER Leadership Conference outreach materials, such as brochures and video presentations. I understand that names will not be identified in the photographs and any statements/testimonials will be presented anonymously. I further understand that SISTER to SISTER outreach materials will be used for public distribution to funders and foundations, non-profit organizations, and community members, as well as for AARS/HealthRIGHT 360 outreach and education activities. I am also aware that SISTER to SISTER outreach materials may be available on the HealthRIGHT 360 website [www.healthRIGHT360.org](http://www.healthRIGHT360.org).

With my **initials** below, I authorize use of the following:

- \_\_\_\_ Photograph
- \_\_\_\_ Personal Statement/Testimonial
- \_\_\_\_ Video

**I am giving my permission for the above and I understand I may withdraw my authorization at any time in writing.**

Participant’s Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Legal Guardian Signature (if 18 and younger) \_\_\_\_\_

Date \_\_\_\_\_

Reason for not having parent/guardian signature: \_\_\_\_\_

AARS Staff Signature \_\_\_\_\_

Date \_\_\_\_\_

