



PARTICIPANT PHOTO, VIDEO & TESTIMONIAL
RELEASE FORM

23rd Annual SISTER to SISTER Leadership Conference
Celebrating Asian & Pacific Islander Women of Tomorrow
Thursday, April 26, 2018
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.

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 _____

