

Photo and Story Release Form

I understand that the photograph(s) or video or audio recording(s) taken of me by media, employees or representatives of MEDARVA shall be used in connection with the organization's dissemination of information on its programs to the general public.

I hereby irrevocably authorize MEDARVA to copy, exhibit, publish or distribute any and all such images and audio of me or wherein I appear, including composite or artistic forms and media, for purposes of publicizing MEDARVA or for any other lawful purpose.

In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my likeness appears. I hereby hold harmless and release and forever discharge MEDARVA from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Signed _____ Date _____
Printed Name _____ Phone _____
E-mail address _____
Street Address _____

If person signing is under age 18, parent or guardian must consent as follows: I hereby certify that I am the parent or guardian of _____, the minor named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

Parent/Guardian Signature _____ Date _____
Parent/Guardian Printed Name _____
Street Address _____

Please visit www.visionhearingscreen.com to learn more about our program.

The MEDARVA Vision & Hearing Screening Program is underwritten by the MEDARVA Foundation.

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