



Authorization to Photograph/Interview

I hereby grant permission to a representative of Journey 21 to photograph and/or videotape me or my family for the following purpose:

Journey 21 Programs, Outings, Clubs, and Educational Academics

I hereby grant permission to a representative of Journey 21 to interview me and/or my family for the following purpose:

I also authorize Journey 21 to use and/or permit others to use the aforementioned images and/or information without compensation for the following:

- Institutional Marketing/Advertising Fundraising
- Electronic Publishing (World Wide Web) News Media

I hereby grant permission to a representative of the news media to:

Photograph Videotape Interview me and/or my family for the following purpose:

I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain services.

I understand that I may revoke this authorization at any time, provided that I do so in writing, except to the extent that action has been taken in reliance upon this authorization.

I understand that news media representatives are not covered by federal privacy regulation and my health information may be redisclosed and no longer protected by these regulations.

Unless revoked earlier, this authorization will expire one year from date of signing, except to the extent that action has been taken in reliance upon this authorization.

Name _____ Address _____

City _____ State _____ Zip Code _____

Telephone (____) _____

Signature _____ Date _____

(Signature of person authorized to consent if participant is a minor or requires a guardian)

Signature _____ Date _____

Relationship to Participant _____