



Updated: July 22, 2024

## MEDIA RELEASE FORM

At Food Bank for the Heartland, respect and integrity are woven into everything we do. Our goal is to provide everyone with a platform to share their unique story and give a voice to neighbors across Nebraska and western Iowa. Our team will ensure your story is always told with authenticity and integrity. By completing the form below, you are helping create a healthier Heartland. Thank you!

I, *(please print)* \_\_\_\_\_, give my consent to Food Bank for the Heartland for the use of my photograph, name, likeness, voice, and words ("photographs and videos"). I further consent such information—photographs or recordings—may be used in publications, promotional, fundraising, and educational materials, advertisements, video, website, social media, sound productions and other marketing purposes, as directed and approved by Food Bank for the Heartland without providing monetary or other compensation to above named person or their family or heirs. I further consent to the use of all photographs/videos by Food Bank for the Heartland's corporate partners ("Partners"). I understand that no Partner can use the photographs without the prior written permission of Food Bank for the Heartland.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR INDIVIDUALS UNDER 18 YEARS OLD

I, *(Guardian's name, please print)* \_\_\_\_\_, give my consent to Food Bank for the Heartland for interview content, photographs, video, or sound recording of my child/dependent, *(please print child/dependent's name)* \_\_\_\_\_. I further consent such information—photographs or recordings—may be used in publications, promotional, fundraising, and educational materials, advertisements, video, website, social media, sound productions and other marketing purposes, as directed and approved by Food Bank for the Heartland without providing monetary or other compensation to above named person or their family or heirs.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## OPTIONAL DISCLOSURES

Participant's Pronouns: \_\_\_\_\_

Participant's Ethnicity: \_\_\_\_\_

Would you be open to sharing your story with the news media (e.g., interview, photography, etc.)?

☐ Yes ☐ No