



AUTHORIZATION TO RELEASE PUBLIC RELATIONS & TRAINING MATERIALS

I agree to all of the items that I have initialed:

_____ That the Disability Law Center may use images (photos, reproductions of photos, video footage, etc.) of me and/or things or people related to me in public relations and community education and training materials.

_____ That the Disability Law Center may use statements, quotations by me and/or people related to me or stories about me and my life in public relations and community education and training materials.

_____ That I am willing to discuss the events related to the Disability Law Center's representation of me with members of the media and/or the public.

_____ The Disability Law Center representative who signed this form did explain to me what my agreement to the terms of this release means.

_____ I understand that I will not receive any compensation for the above activities.

_____ I understand that I may terminate this agreement at any time by either telling a Disability Law Center representative of my desire to do so or by putting that request in writing.

Signature of Client

Signature of Disability Law Center Representative
