



2020 - 2021 Media Release Form

I, _____ (print person's name) the undersigned, do hereby grant permission to Allegany County Chapter NYSARC, Inc. (Allegany Arc), The Arc New York, and The Arc Allegany-Steuben to use my image/name for uses such as local, state and national media outlets, printed materials, brochures, newsletters, social websites, and videos/digital images such as those on the agency's website.

I understand any and all reproductions of materials including my image, voice or personal testimony obtained on the date of this release remains the property, solely and completely of Allegany Arc, to be used exclusively for the promotion of Allegany Arc and its family of services without further compensation to me and I waive the right to inspect and or approve the finished photographic product. I further understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain services from Allegany Arc.

Finally, I do understand that I may revoke this authorization at any time, provided that I do so in writing. I understand that information released between the effective date of this authorization and the date of the revocation may still be used in the public domain.

Signature _____

Parent/Guardian Signature _____

Date _____

**This Media Release will expire one year from the date it is signed.*

Please make a copy of this form for your own records and return the original to:

Carrie Redman
Director of Administrative Services
Allegany Arc
50 Farnum Street
Wellsville, NY 14895
