



Consent and Release Form

I/We, hereby grant AdoptMassachusettsKids.org and the Massachusetts Adoption Resource Exchange permission to record and reproduce my/our likeness, voice, story and name for use in their local, state, regional, national and global public media campaigns and other efforts to increase positive public awareness of adoption from foster care. If I/We are interested in using video or photographs in any way (website, gallery, public portfolio, media, etc.), I will contact MARE to get permission to do so. I/We may cancel this release at any time by providing written notice to AdoptMassachusettsKids.org and the Massachusetts Adoption Resource Exchange. This cancellation shall be effective 90 days after AdoptMassachusettsKids.org and the Massachusetts Adoption Resource Exchange have receipt of this notice, except as to any printed materials ordered prior to the receipt of notice, as those printed materials may continue to be used by AdoptMassachusettsKids.org and the Massachusetts Adoption Resource Exchange until the inventory is fully depleted. In addition, any ongoing or contracted media placement or advertising that was contracted prior to notice of expiration may continue to be used until the contracted placement expires. Signing this release is consent to use my/our photo, name, information, and story, and means they will be property of AdoptMassachusettsKids.org and the Massachusetts Adoption Resource Exchange. It does not take away my/our rights to publish my/our personal story/stories. It does not guarantee that my/our information will be used by AdoptMassachusettsKids.org and the Massachusetts Adoption Resource Exchange. I/We understand there will be no financial compensation. I/We also consent to AdoptMassachusettsKids.org and the Massachusetts Adoption Resource Exchange contacting my family's adoption/foster care staff for the purpose of approval to promote my family's story as a representative from Massachusetts.

DIRECTIONS: Adults age 18 and over, please complete section A. Children under age 18 require parental consent, please complete section B. For families with adults and children engaging with the media, please complete both sections A & B.

A. To be completed by anyone over age 18

I am 18 years of age or older and I agree to the above statement.

Signature Date

Print Name

Address

City State Zip

Phone

Email address

Please return completed form to:
 Diane Tomaz
 Massachusetts Adoption Resource Exchange
 45 Franklin Street – 5th Floor
 Boston, MA 02110.
 Email To: dianet@mareinc.org

B. To be completed by parent/guardian

I am the parent or guardian of

_____, born on

____/____/____, and have authority to execute this release; I agree to the above statement and give consent for this publicity release action on behalf of the minor named here.

Signature of parent/guardian Date

Print name of parent/guardian

Relationship to child

Address

City State Zip

Phone

Email address

Facsimile (copy, fax, e-mail) of this signed release shall serve the same as the original.