



Release of Information

Minor

I, _____ hereby give Easterseals Massachusetts
(print name)

Permission to release information, video, and/or photography regarding my participation with Easterseals Massachusetts. I understand that the information may be used in print publications, online publications, presentations, websites, and social media for any of the following purposes:

Marketing

Public Relations

Fundraising

Date of birth of minor (mm/dd/yyyy): _____

I understand that I have the right to revoke this consent at any time by notifying Easterseals Massachusetts in writing:

Easterseals Massachusetts
Attn: Marketing
18 Chestnut Street, Suite 200
Worcester, MA 01608

Signature of Parent/Guardian

Date

Child's Name

Phone Number

Email