

Release of Information



Adult

I, _____ hereby give Easterseals Massachusetts
(print name)

permission to release information, video, and/or photograph 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

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

Date

Phone Number

Email