

AMC Photo and Media Release
Program _____ **Date** _____

Your signature on the consent form below is greatly appreciated, but not required, as it will allow us to photograph and/or interview participants during this program. Photographs and interviews may be used by members of the media to tell the story of the Appalachian Mountain Club Programs. The photograph or an interview may be used by the AMC in the future for informal, press, and/or marketing materials.

By signing my name, I hereby authorize the Appalachian Mountain Club (AMC) and or/parties designated by the AMC to photograph and interview me/my child. I authorize the use of me/my child's photograph or interviews (whether it is included in periodicals, other printed materials, electronic media, or other medium) for the purposes of press coverage, marketing, display, or exhibition.

<u>Print Name</u>	<u>Signature</u>	<u>Authorization</u>
Please check the box if you DO NOT want your photo or quotes used.		
1) _____	_____	<input type="checkbox"/> I do not want my photo / quotes used.
2) _____	_____	<input type="checkbox"/> I do not want my photo / quotes used.
3) _____	_____	<input type="checkbox"/> I do not want my photo / quotes used.
4) _____	_____	<input type="checkbox"/> I do not want my photo / quotes used.
5) _____	_____	<input type="checkbox"/> I do not want my photo / quotes used.
6) _____	_____	<input type="checkbox"/> I do not want my photo / quotes used.
7) _____	_____	<input type="checkbox"/> I do not want my photo / quotes used.
8) _____	_____	<input type="checkbox"/> I do not want my photo / quotes used.
9) _____	_____	<input type="checkbox"/> I do not want my photo / quotes used.
10) _____	_____	<input type="checkbox"/> I do not want my photo / quotes used.
11) _____	_____	<input type="checkbox"/> I do not want my photo / quotes used.
12) _____	_____	<input type="checkbox"/> I do not want my photo / quotes used.
13) _____	_____	<input type="checkbox"/> I do not want my photo / quotes used.
14) _____	_____	<input type="checkbox"/> I do not want my photo / quotes used.
15) _____	_____	<input type="checkbox"/> I do not want my photo / quotes used.

Please return this form to your committee of chapter representative when your activity is complete or mail to: AMC Volunteer Release Agreement, 10 City Square, Boston, MA 02129 Fax (617)523-0722
Email: amcwaiver@outdoors.org Revised September 2017