



PUBLICITY AND PUBLIC INFORMATION CONSENT FORM

PLEASE RETURN ORIGINAL COMPLETED FORM WITH DARE TO DREAM OR LET ME PLAY GRANT FINAL REPORT AND PHOTOS TO:

Attn: Program Manager
Ann Bancroft Foundation
211 N 1st St #480
Minneapolis, MN 55401

Name (please print) _____

Address _____

City/State/Zip _____ Phone _____

E-mail Address _____

As a recipient of a Dare to Dream or Let Me Play grant, I hereby authorize Ann Bancroft Foundation (ABF) to use the photograph(s) I send with my report and some or all of my report about my grant experience for the following:

PURPOSE

- ABF public relations and marketing, including but not limited to: newsletters, brochures, letters, slide/PowerPoint presentations, video presentations and photo display
- Ann Bancroft Foundation publicity including, but not limited to newspaper, TV, radio, magazines, and Internet
- Ann Bancroft Foundation fundraising for its own behalf

WHO MAY RECEIVE THE INFORMATION

- General public (media, newsletters, publications, web site)
- Content developers (photographers, writers, designers who help Ann Bancroft Foundation develop materials)
- Distribution agents (printing companies and mailing services engaged by Ann Bancroft Foundation)
- Potential donors to Ann Bancroft Foundation

MEDIUM

- Interviews/quotes
- Photograph
- Audio/video recording
- Written materials
- Electronic media including but not limited to ABF website and social media

Please initial the following:

____ I understand that I may revoke this authorization at any time by notifying Ann Bancroft Foundation in writing, but if I do, it won't affect any actions Ann Bancroft Foundation took before they received the revocation.

____ I understand that any photographs, videotapes or recordings sent with the grant report remain the property of Ann Bancroft Foundation. I agree to permit editing to the extent necessary for normal purposes, provided the content is not altered. I discharge Ann Bancroft Foundation from any claims which may arise from the use of the photographs or other information.

____ I understand this authorization will expire in 10 years from the date signed below.

Signature of Grant Recipient _____ Date _____

Signature of parent or guardian _____ Date _____