

Public Affairs Office 12 MetroTech Center, 29th Fl. Brooklyn, NY 11201 www.heartshare.org

MEDIA CONSENT FORM

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	, participate in programs and activities with
HeartS	Share Human Services of New York, through
(enter	program name).
I hereb	y consent that photographs and video taken of me, on behalf of HeartShare Human Services of
New York, may be used for the following purposes: (select all that you grant permission for)	
	HeartShare Annual Report
	HeartShare newsletters, including InSights and Heart to Heart
	HeartShare and HeartShare affiliate websites
	Social media websites including, but not limited to, Facebook, Instagram, Tumblr, Twitter or
	YouTube
	Press releases from HeartShare for print or broadcast media. These may include newspaper or
	magazine articles, radio and television interviews and/or features, publications
	Advertisements for HeartShare
	Information materials such as, but not limited to, agency brochures, videos, and photo and
	audiovisual information displays
	Everyday Heroes Program
<u>or</u>	
	Only internal program use (i.e. classrooms, hallways); do not use externally
I conse	ent to use of my name and association with HeartShare for the foregoing purposes. I give this
authori	zation without incurring any financial or moral obligations to myself and without any
remune	eration to myself.
Signati	ure(s): Date:
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