



HCAA RELEASE FORM

IMAGE, VIDEO, AND STORY RELEASE FORM

Please check the following to confirm your release:*

- I grant permission to Harford Community Action Agency to use my story, video, and/or images provided by me or taken of me during a HCAA gathering. Without further notification, the materials may be used for publications.
- This release includes the use in both internal and external publications, such as: website feature articles, social media posts, donor letters, grant applications, and general publicity.
- I release Harford Community Action Agency and its employees from any claims, damages, or liability.
- I am at least 18 years of age* and competent to sign this release. I have read this release before signing and I understand this agreement and accept the terms.
- I understand that this document will be submitted electronically. By inserting my name I agree to the terms and conditions.

First Name: _____

Last Name: _____

Email: _____

Date: _____

**If you are under 18, please have a parent or guardian complete the following:*

Parent's First Name: _____

Parent's Last Name: _____

Email: _____

Date: _____