



2020-2021 Illinois AmeriCorps*State Media Consent Form

I, the undersigned, authorize _____, its officers, agents, and employees or other authorized representatives of magazines, newspapers, periodicals, radio, television and other news and educational media to take photographs or videotape of:

Name of Photo Subject

Age (if under 18)

Address

Phone Number

I also authorize _____, its officers, agents, and employees or other authorized representatives of magazines, newspapers, periodicals, radio, television and other news and educational media to use and publish (including publication on the World Wide Web) such information and/or photographs or videotape together with such identification as may be reasonable for the purpose of publicity or communications.

Signed: _____

Signature of Photo Subject

Print: _____

Printed Name of Photo Subject

Date: _____

****REQUIRED TO BE COMPLETED BY ALL MEMBERS****