



## Consent and Release Form

I/We, hereby grant the Massachusetts Adoption Resource Exchange permission to record and reproduce my/our likeness, voice, story and name for use in their local, state, regional, national and global public media campaigns and other efforts to increase positive public awareness of adoption from foster care. If I/We are interested in using video or photographs in any way (website, gallery, public portfolio, media, etc.), I will contact MARE to get permission to do so. I/We may cancel this release at any time by providing written notice to the Massachusetts Adoption Resource Exchange. This cancellation shall be effective 90 days after the Massachusetts Adoption Resource Exchange have receipt of this notice, except as to any printed materials ordered prior to the receipt of notice, as those printed materials may continue to be used by the Massachusetts Adoption Resource Exchange until the inventory is fully depleted. In addition, any ongoing or contracted media placement or advertising that was contracted prior to notice of expiration may continue to be used until the contracted placement expires. Signing this release is consent to use my/our photo, name, information, and story, and means they will be property of the Massachusetts Adoption Resource Exchange. It does not take away my/our rights to publish my/our personal story/stories. It does not guarantee that my/our information will be used by the Massachusetts Adoption Resource Exchange. I/We understand there will be no financial compensation. I/We also consent to the Massachusetts Adoption Resource Exchange contacting my family's adoption/foster care staff for the purpose of approval to promote my family's story as a representative from Massachusetts.

**DIRECTIONS: Adults age 18 and over, please complete section A. Children under age 18 require parental consent, please complete section B. For families with adults and children engaging with the media, please complete both sections A & B.**

### A. To be completed by anyone over age 18

I am 18 years of age or older and I agree to the above statement.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone

### B. To be completed by parent/guardian

I am the parent or guardian of

\_\_\_\_\_, born on  
\_\_\_\_/\_\_\_\_/\_\_\_\_, and have authority to execute this release; I agree to the above statement and give consent for this publicity release action on behalf of the minor named here.

\_\_\_\_\_  
Signature of parent/guardian Date

\_\_\_\_\_  
Print name of parent/guardian

\_\_\_\_\_  
Relationship to child

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone

Please return completed form to:  
Diane Tomaz  
Massachusetts Adoption Resource Exchange  
19 Needham Street Suite 206  
Newton, MA 02461  
Email To: dianet@mareinc.org

**Facsimile (copy, fax, e-mail) of this signed release shall serve the same as the original.**