

MEDIA CONSENT FORM

MEMBER NAME:

TABS ID:

EMAIL:

PHONE:

ADDRESS:

CONSENT FOR USE/DISCLOSURE OF NAME, PHOTOGRAPHS AND AUDIO/VIDEO IMAGES

I give permission to use my name in communications produced by or on behalf of ACA/NY and/or LIFEPlan CCO NY. This permission extends to print, film, and electronic versions e.g. website and social media platforms.

I give permission to use my photo and/or video in communications produced by or on behalf of ACA/NY and/or LIFEPlan CCO NY. This permission extends to print, film, and electronic versions e.g. website and social media platforms.

I understand that I may revoke or withdraw this permission at any time to prohibit future use of my information. ACA/NY and/or LIFEPlan CCO NY is not responsible for any information re-distributed by a recipient of the information.

I understand that this authorization does not expire but I reserve the right to revoke consent at any time.

I understand that I am not entitled to payment or other form of remuneration as a result of any use of any information and audio/video/photographic material.

MEMBER/REPRESENTATIVE SIGNATURE:

DATE:

NAME OF REPRESENTATIVE (IF APPLICABLE):