

To fill out this form, please use **Adobe Acrobat Reader** (free download at get.adobe.com/reader) or **Adobe Acrobat Pro**.

WR Staff Use Only

Consent Form ID

Upload Date

SCRIPT FOR WORLD RELIEF EMPLOYEE

“My name is _____ and I work with World Relief. Thank you for letting us be a part of your story — you’re doing big things and we’re honored to know you. With that, we would love to celebrate your story by sharing photos/videos with World Relief supporters: to inspire them and invite them to help us continue this partnership together. Because we are in partnership together, it is important for us to ask you for your permission to share your stories and/or take photos/videos. I have a consent form here that I would ask if we can go through together. If after reviewing this together you decide you don’t want to share your story, you will not be penalized in any way.”

MEDIA RELEASE CONSENT FORM

World Relief seeks to honor the dignity of others in ethical storytelling. In order to maintain the highest level of integrity, it is essential to gain proper consent for any media and biographical information used to share stories of transformation.

By signing this form, I give World Relief the following permissions to use information about, and visual images/sound records of me and/or my child(ren), to inform others of the work of World Relief, which may be publicly presented. This includes possible use by World Relief in its internal materials, as well as external materials including, but not limited to, newsletters, printed material, website or social media, or live and recorded presentations.

I give permission for World Relief to use:

- My image in photographs
- Video or audio recordings of me
- My name and biographical information

REGARDING RELEASE ON BEHALF OF CHILDREN OR PERSON WITH DISABILITIES

List all children here or persons with intellectual disabilities here. World Relief staff member should indicate if child or adult with intellectual disability verbally consents, or is unable to provide such consent. A trusted third-party witness legally responsible for an individual may consent on this individual's behalf:

CHILD NAME AND AGE	CONSENT (Y, N, Unable)
	Completed by WR Staff
NAME OF ADULT WITH INTELLECTUAL DISABILITY	CONSENT (Y, N, Unable)
	Completed by WR Staff

CHILD NAME AND AGE	CONSENT (Y, N, Unable)
	Completed by WR Staff
NAME OF ADULT WITH INTELLECTUAL DISABILITY	CONSENT (Y, N, Unable)
	Completed by WR Staff

I give permission for World Relief to use (mark all that apply):

The image of individual(s) named above in photographs

Video or audio recordings of individual(s) named above

The name(s) and biographical information of individual(s) named above

I understand that I am signing this release without any expectation of monetary payment or other remuneration, and I understand that this releases World Relief from any future claims as well as from any liability arising from the use of this information, photographs, video or audio recordings, or other materials covered by this release.

Your Name
(please print)

Signature
(if any subject is under 18, parent/guardian must sign)

Name of Third-Party Witness
(if adult is unable to sign)

Signature of Third-Party Witness
(If adult is unable to sign)

WR Staff Use Only

WR staff member present + obtaining consent Your role

Location Notes Consent Form ID

Additional Working Notes

Does this story/photo have an expiration date/lifespan?

Do we have full usage rights of this story/photo?

If not, see usage specific questions below (check for yes):

Locally	Digitally (web/email)
Globally	Social media
	Printed pieces

Would the subject prefer we use a pseudonym and/or non-identifiable photo?

Any security considerations?