



FIRST FRIENDS
First Friends of New Jersey & New York Corp.
Dignity & Compassion for Immigrants

STORY/PHOTO RELEASE FORM

I _____, do hereby give the
(Print full name)

First Friends of New Jersey and New York (First Friends), its assigns, licensees and legal representatives the irrevocable right to use my story and or photo in all forms and media and in all manners, including composite representations for use in interpretive, educational, advocacy, and fundraising materials, or for any other lawful purposes, and I waive both fees and any right to inspect or approve the finished product, including written copy, that may be created in connection therewith. I have attained my legal majority ___ (check here if this is appropriate) OR I have not yet attained my legal majority and my parent or guardian is also signing this agreement ___ (check here if this is appropriate).

I would like First Friends to use pseudonym instead of my real name ___ (check here if this is appropriate).

I have read this release and am fully familiar with its contents.

SIGNED: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PARENT/GUARDIAN CONSENT (IF APPLICABLE)

I am the parent/guardian of the young person named above who has not yet attained her/his legal majority, and have legal authority to execute the above release. I approve the foregoing in its entirety.

NAME OF PARENT/GUARDIAN: _____

(Please print name in full)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____

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