



**San Diego ARTs Participant Testimonial, Video, Photo, Audio Release Consent**

**Purpose of Consent:** By signing this form, you are hereby consenting to allow *San Diego ARTs* to use and disclose your testimonial; audio, photos and/or videos and you acknowledge that they may be distributed to the public.

**Right to Revoke:** You have the right to revoke this Release at any time by providing written notice of your revocation and submitting it to the Contact Person listed below. Please understand that revocation of this release will not affect any action **San Diego ARTs** took in reliance on this release before receiving your revocation.

**CONSENT TO RELEASE**

I hereby authorize **San Diego ARTs** and staff to use my testimonial, photos, videos, audio and any information contained herein in its media/public relations efforts. I understand and approve the disclosure of the testimonial, photo, video, audio information to the media and other individuals and entities that may be involved in the media/public relations efforts of **San Diego ARTs**.

I waive the right of prior approval and hereby release **San Diego ARTs** from any and all claims for damages of any kind based on the use of my testimonial, picture, video, audio or information in the testimonial. By signing below I agree and acknowledge that I have read and understood the above Release and agree to all terms described. I am of legal age and freely sign this Consent to Release my Participant Testimonial and other media I provided to San Diego ARTs.

- Please check this box if you authorize San Diego ARTs to share your email information with our participating partners for future courses, other training opportunities and marketing purposes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

**Please provide your contact information:**

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_