



2018- 2019 Biography, Photograph and Video Release Form

I _____ grant permission to use my biography, photographs and any video taken during, and for, the South Florida Day of Caring event, in any/all future official publicity pieces. Publicity pieces include (but are not limited to) news releases, TV, publications, videos , social media and website use. I understand I will not receive any compensation for the use of any of these photos/videos.

Name (**Print Clearly**): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-Mail: _____

Signature: _____ Date: _____

PLEASE TURN IN TO LILLIAN VILLAMIZAR OR BARBARA GARCIA AT VOLUNTEER/COMMITTEE MEETING NO LATER THAN NOVEMBER 2018