



Media Release Form

Please provide all the information asked for below.

Name: _____

Phone number: _____

Please check all that apply:

This material will be used in the form of

News Release Photographs Video Audio Facebook

Other (please specify) _____

To be used for the purpose of _____

By _____ StoryTellers Life Changing, LLC for an indefinite period of time, unless specified below.

I give my permission to StoryTellers Life Changing, LLC (henceforth referred to here as StoryTellers) to use my name, photograph, video, or any likeness thereof for publicity including the use of statements made by me or attributed to me that are related to StoryTellers. It is my understanding that my signature below releases StoryTellers from any financial or legal responsibility for the use of this media relations material in perpetuity in any form of physical or digital media.

Signed: _____

Date: _____

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