Hawkeye Area Community Action Program, Inc.

HACAP Media & Story Release Form

Please read and choose what you are comfortable with.

1. Photo, Video, and Audio Consent

HACAP sometimes takes photos, videos, or audio recordings during programs and events. These may be used for things like social media, our website, brochures, or other materials that help share our work with the community.

Please choose one:

☐ **I DO NOT consent** to HACAP using my photo, video, or voice.

☐ **I DO consent** to HACAP using my photo, video, or voice.

2. Sharing Your Story or Written Contribution

If you share a story, interview, or written content with us, you give HACAP permission to use it on our blog or other materials. We may edit your story for clarity or length, but we will not change the meaning.

3. How You Want Your Name to Appear

Please choose one:

☐ Use my **full name**

☐ Use **only my first name**

☐ Use a **different name** (please write it here): _____

By signing below, you confirm that: You are the original creator of any story or written content you share. You give HACAP permission to use your story and your name as you selected above. You understand that saying **no** to photo/video consent will NOT affect your ability to receive services.

Name: _____

Date: _____

Signature: _____

Printed Name: _____