

# RELEASE FORM

I give Heartbeat International (“Heartbeat”) permission to use my photo/image and/or that of my minor child, if included, quote, and/or story in whole, or in part, and to make derivative works, without personal identification, for illustration, promotional materials, fundraising campaigns, marketing, and/or promotion of Heartbeat International, its ministries and its affiliates, in any medium.

I understand that “any medium” includes, but is not limited to, written or electronic mediums such as the Internet, Facebook, Twitter, YouTube videos and other social media. By signing this release, I understand Heartbeat International may allow others to use my photo/image, quote, and/or story in any way that Heartbeat International would be allowed to pursuant to this Release Form.

I waive any claims that I may have arising from such use. There are no restrictions on use. I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them. I release Heartbeat International and its employees and agents, including any firm authorized to publish and/or distribute a finished product containing the images, from any claims, damages or liability which I, or my successors, benefactors, or heirs may ever have in connection with the taking of use of the images or printed material used with the images.

*For individual (please place your initial on the following lines):*

\_\_\_\_\_ I give permission to Heartbeat to use my name.

\_\_\_\_\_ I give permission to Heartbeat to use the name of my minor child (if applicable).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Child’s Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
*Street/City/Zip Code*

*For Pregnancy Center (please initial where appropriate):*

\_\_\_\_\_ I give permission to Heartbeat to use photographs/digital images, story, and/or testimony from The Center’s newsletter (copy attached).

\_\_\_\_\_ I give permission to Heartbeat to use the Center’s story, testimony, or quote.

\_\_\_\_\_ I give permission to Heartbeat to use my story as an employee of the Center, testimony, or quote.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street/City/Zip Code*

Center’s Name (if applicable): \_\_\_\_\_

Your Position at Center: \_\_\_\_\_

**Please complete and return to [VCline@HeartbeatInternational.org](mailto:VCline@HeartbeatInternational.org), Fax: 614-885-8746, or mail to: Virginia Cline at Heartbeat International, Inc., 665 E. Dublin-Granville Road, Suite 440, Columbus, Ohio 43229-3245**