



## Media Consent Form

### Purpose and Ethical Commitment

The Food Bank of Western Massachusetts (“The Food Bank”) is committed to ethical, respectful storytelling. By signing this form, you are giving us permission to record, share, and use your image, voice, story, and/or biographical information to help promote our mission, support advocacy, and raise awareness about food insecurity.

Your dignity and autonomy are important to us. We do not use individual stories or images to directly ask for donations without your clear and specific permission.

We encourage you to review our [Ethical Storytelling Pledge] before signing.

### Your Consent and Preferences

Please review each section below and initial to indicate your preferences. You are welcome to skip or decline any part.

#### Content Creation

I give permission for The Food Bank to:

- Interview me. Initial to agree: \_\_\_\_\_
- Record video or audio. Initial to agree: \_\_\_\_\_
- Take photos or record video that include my likeness, voice, or words. Initial to agree: \_\_\_\_\_

#### Use in Communications

a. I allow The Food Bank to use my story, image, or voice in general communications (e.g. website, social media, newsletters, public presentations) for up to two years.

Initial here to agree: \_\_\_\_\_

#### b. Advocacy and Policy Work

My story may be used to help raise awareness with elected officials or policy leaders:

- I agree to share my story with policymakers.  
Initial: \_\_\_\_\_

- I agree to share my story anonymously (no name or identifying details).  
Initial: \_\_\_\_\_
- I'd like to learn more before deciding. Please have someone from the Advocacy Team contact me.  
Initial: \_\_\_\_\_

c. Fundraising Use

The Food Bank will not use your story or image in direct fundraising materials (like emails or donor letters) unless we speak with you first and you give permission.

- You may contact me to ask about using my story for fundraising.  
Initial: \_\_\_\_\_
- Please do not use my story for fundraising.  
Initial: \_\_\_\_\_

**Additional Notes or Requests**

Please share any preferences, boundaries, or details about how your story may or may not be used (e.g., "Only use first name," "Please do not share video," etc.):

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Initial here to confirm this section: \_\_\_\_\_

**Privacy and Ownership:** I acknowledge and understand that:

- My participation is my choice.
- I may receive financial compensation for using my likeness or story, but this does not entitle me to any ownership rights in the resulting media. Details about compensation will be provided before I decide to participate.
- The Food Bank holds copyright and usage rights over any content created.

**Representation:** The Food Bank will use my likeness and story responsibly, avoiding any distortion or misrepresentation of my words, images, or experiences.

- I will have the opportunity to review my likeness and story and may request changes, including removing portions or all my content.

**Indemnity:** I release and hold harmless The Food Bank, its employees, agents, and contractors from any and all claims or liabilities arising out of or related to the use of this media.

**Term and Termination:** The Food Bank's right to use my likeness and story commences on the date of execution of this form and will continue for two years, unless terminated by mutual written agreement.

**Disputes:** If I have a concern with the use of media containing my likeness or story, I will notify the Food Bank in writing via letter, email, or digital text message, and engage with the Food Bank to informally resolve the issue before taking any other action.

**Affirmations** By signing below, I confirm:

- I am of legal age and have the authority to grant this consent, or my legal guardian has signed on my behalf.
- This agreement does not conflict with any other commitments I may have.
- I have read and understand this consent form and agree to its terms freely and voluntarily.

**Participant Information.**

Full Name (Print): \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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

**For Participants Under the Age of Majority.** If the participant is a minor, the following section must be completed by a parent or legal guardian:

I declare that I am the parent or legal guardian of the above participant. I have the legal authority to sign this consent and grant The Food Bank permission to use the participant's image, voice, likeness, biographical information and/or story as described. I also understand and agree to the terms outlined above.

Guardian Full Name (Print): \_\_\_\_\_

Guardian Signature: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Thank you for supporting the mission of the Food Bank of Western Massachusetts. Your story and participation help us create meaningful changes while ensuring dignity and respect for all participants.

