

Town of Swampscott

Recovery Coach Academy

Media Consent Form

I, _____, hereby authorize the Town of Swampscott and its employees and officials to record my identity, likeness and/or voice on a video or audio recording or photograph, digital, electronic or any other medium to: (a) use my name and identity in connection with such recordings; and (b) use, reproduce, exhibit and/or disseminate my name and identity in any medium, including, but not limited to social media, internet, video, print, promotional, advertising, media and/or for other lawful purposes.

I hereby release and waive any claims or rights of compensation or ownership related to the Town's uses of such recordings and images and I understand that all such recordings and images are the sole property of the Town of Swampscott and are subject to the requirements of the Massachusetts Public Records Law and the Records Retention Schedules.

I further certify that I am above the age of 18 or older.

Signed: _____

Please print name: _____

Date: _____

THIS FORM MAY NOT BE ALTERED