Saving Our Sons and Daughters (SOSAD) 4003 Railroad Ave Pittsburg, CA 94565

Authorization for Release of Photograph, Video, or Written Testimonials

I,	(Name of Individual), by signing this release,
	norize the Saving Our Sons and Daughters (SOSAD), and their staff to use tographs, video images, or other likenesses of myself and my written testimonial for the
follo	owing purposes:
	To share and review my experience as a SOSAD participant with new and/or prospective enrollees and,
;	Use in print or electronic form in SOSAD publications, brochures, newsletters/bulletins, and websites to share and review my experience with new and/or prospective participants.
vide time	knowledge that I will not receive any compensation for the use of my image, photos, eo, and/or audio recordings. I understand that this Authorization can be revoked at any e and at my discretion. In order to revoke the authorization, I must notify SOSAD in ing at the following address:
	4003 Railroad Ave Pittsburg, CA 94565 sosadprogram@gmail.com
l ha	ve read and understood this consent and release.
	ve my consent to SOSAD to use my name and likeness for the purposes of sharing experience with the SOSAD program and/or their activities.
Sigi	nature Date
Nar	ne (please print):