



Publicity Release

I, the undersigned, so hereby consent and agree that Partners For Quality, its employees, agents, successors, subsidiaries and assigns ("PFQ") have the right and permission to take my name, likeness, image, voice and/or appearance (collectively, my "image") as such may be embodied in any pictures, photographs, video or digital recordings, or any and all other media for purposes of promoting the programs, services and mission of Partners For Quality. I further consent that my image may be revealed therein or by descriptive text or commentary as may be appropriate. PFQ shall have complete ownership of such pictures, etc. including the entire copyright to the same.

I further release to PFQ all rights to use and exhibit my image for the aforesaid purposes, in print and electronic form, publicly or privately, including but not limited to newspapers, magazines, billboard displays, websites (including PFQ's current website: www.PFQ.org), brochures, social media, traditional media, annual reports and donor solicitations. I waive any rights, claims or interest I may have to control use of my image in whatever media used for the aforesaid purposes.

I understand and agree that I will not receive any financial or other remuneration or consideration for my participation or the permission I have granted herein.

I understand that this authorization will remain valid for 365 days or until such time as I expressly withdraw my permission and notify PFQ in writing by sending a notice to:

ATTN: Communications Dept.
Partners For Quality | 250 Clever Rd. | McKees Rocks, PA 15136

I represent that I am at least 18 years of age, have read and understand this Release, and am competent to execute it; or that I am authorized to execute it on behalf of the person supported named below.

Person Supported's Name (Print): _____

Legal Representative Name (Print): _____

Legal Representative Relationship (Print): _____

Address/City/State/Zip: _____

Staff Name (Print): _____

Phone: _____

I decline:

Subject Signature: _____

Legal Representative Signature: _____

Witness Signature: _____ Date: _____