

## Media Authorization Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Description of information to be released:

\_\_\_\_\_

\_\_\_\_\_

Affiliation: \_\_\_\_\_ Possible Air/Publication/Run/Post date: \_\_\_\_\_

Consent to: Circle all that apply

Name    Interview    Photography    Videotape    Social Media

In exchange for consideration received, I, the undersigned, voluntarily authorize the Iowa West Foundation/its employees to use a photograph/video/quotes/ for expressed written purposes including: e-newsletters, electronic annual reports, social media, website, print and online advertisements, promotional videos in which I may be included in whole or in part, for showing to the general public for publicity and promotion. I have had the opportunity to ask questions about the potential uses of the interview, photography, video or other.

I grant this authorization and waive the following:

- 1) Any proprietary rights in the materials
- 2) Any right I may have to inspect or approve the finished materials prior to publication

I understand that I, nor the Iowa West Foundation will not receive compensation for its use of the material.

I understand that I may refuse to sign this authorization and that my refusal will not affect my ability to apply for or receive grants from the Iowa West Foundation.

I understand that I may withdraw this authorization in writing at any time by notifying Nicole Lindquist, 712-309-3004/402-981-2289. I understand that the Iowa West Foundation may not be able to honor my request to withdraw this authorization if the information has already been released.

I release the Iowa West Foundation and its employees and agents from any claims arising from the use of such materials.

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Signature of parent, guardian or authorized representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship of above person to individual

\_\_\_\_\_  
Witness



**IOWA WEST**  
FOUNDATION