



DEAP  
2200 Box Elder  
Miles City, MT 59301

## CONSENT FOR PUBLICITY

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Name of person to be photographed

Birth date

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Address

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Telephone #

I, \_\_\_\_\_ hereby authorize the use of an **article or letter** written by me to be used for printed materials such as **Annual Reports, grant requests and other appropriate materials.**

I, \_\_\_\_\_ hereby authorize the **taking** of still photographs, audio-visual, and visual tape recordings of the above named person. The photographs, recordings, videotapes shall be used for **brochures, informational materials and other appropriate settings related to DEAP.**

I, \_\_\_\_\_ hereby authorize that still photographs of the above named person can be used on **DEAP's Website, deapmt.org.**

\_\_\_\_\_ By initializing, I authorize DEAP to **use the above person's name** in connection with the materials listed above.

\_\_\_\_\_ By initializing, I am stating that I **do not** want DEAP to **use the above person's name** in connection with the materials listed above.

This consent form will remain in effect for two years from the date of my signature unless I specify otherwise, in writing.

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Explained by (DEAP staff)

Position

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Signature of legal guardian/spouse

Date