



MEDIA RELEASE - CONSENT FORM

Name _____

Address _____

City, State, Zip _____

Phone _____ Email _____

1. I am over age 18 ____ yes ____ no (if under 18, parent /guardian signature required)
2. I understand that _____ is one of over 100 Virginia organizations that are members of the Healthcare for All Virginians Coalition. (HAV Coalition) The HAV Coalition is collecting personal stories about Virginians who don't have health insurance. The HAV Coalition will use this information to educate and encourage Virginia lawmakers to "Close the Coverage Gap" so certain adults can get quality health insurance from Virginia's Medicaid program.

3. I voluntarily authorize the HAV Coalition to:

Publish the attached information about myself and my family, which I also certify is accurate.
____(initial)

Use photographs of myself and my family in their publication. ____ (initial)

4. I agree that the description of my family and photographs may also be used for any related promotional and educational purposes, including the HAV Coalition website.
5. I understand and agree that I will receive no compensation for my participation or for the use of these materials.

Signature _____

Date _____

Spouse/adult child - Signature _____

Date _____