



**CONSENT FOR THE RELEASE OF PARTICPANT INFORMATION**

I, \_\_\_\_\_ (*Print Name*) hereby authorize Real Life Angels (RLA) and its affiliates to disclose my name, location, photo, scholarship status, status as a current/former client of \_\_\_\_\_ (treatment program/ OP counseling provider), and participation in the RLA scholarship program by any means, without limitation to audio, films, photographs, statements and the right to reproduce, exhibit, and otherwise exploit throughout the world, any and all such recordings for any purpose connected with RLA, including publicity, recruitment, and fundraising purposes. The undersigned understands that this authorization covers the use of applicant name, status at current/former treatment program/service, likeness and personal statements in all media, including and without limitation to print, radio, television, broadcasting, videos, recordings, and electronic communications. RLA is hereby released from claims by the undersigned arising out of, but not limited to, the use of the above-mentioned releases of applicant information.

The main purpose of the disclosure authorized herein is to: provide information about me and/or my participation with Real Life Angels in order for the public and stakeholders of RLA to be educated regarding the use of scholarship funds.

I understand that the intent of my participation in Real Life Angels is to potentially access scholarship funds and that my participation with RLA, in general, is protected without my express written consent. I understand that, in limited circumstances, RLA may not condition my participation on whether or not I sign a consent form.

Applicant hereby consents to the release of above-mentioned information and may revoke this consent at any time by submitting a written statement to the Board of RLA. If such a request is made, RLA will remove such information within a timely manner with regard to the information that RLA produces. I understand that some media releases may not be able to be retrieved or removed.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of RLA Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (if under 18 years of age)

\_\_\_\_\_  
Date