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I hereby agree to release and discharge CFFO and OFYC from any and all claims, demands or causes of action that I may now or may hereafter have for invasion of privacy or right of publicity, infringement of copyright or violation of any other right or privilege arising out of or relating to any utilization, in any way, of my name, story, image, voice and other information that I have provided to them, or based upon any failure or omission to make use thereof.

This release shall be construed in accordance with the laws of the State of Oregon applicable to agreements that are fully signed and performed within the State of Oregon.

I have carefully read the terms of this consent and release and have indicated my understanding and agreement to such terms by my signature as set forth below.

Your Printed Name _____

Your Signature _____

Telephone Number _____ (Home) _____ (Cell)

Address _____

City _____ State _____ Zip _____

E-mail Address _____

Date _____

***** IF UNDER THE AGE OF 18 or YOUR DHS CASE IS OPEN, YOU MUST ALSO PROVIDE THE FOLLOWING*****

Parent or Guardian's Printed Name _____

Parent or Guardian's Signature _____

Date _____

Please print, fill it out and send it to:
Children First for Oregon, PO Box 14914 Portland, OR 97293 Fax: 503-236-3048