



# The Enlightening Hope Project

## Consent and Release Form

I, \_\_\_\_\_ understand that the photo and information that I provide of my loved one for The Enlightening Hope Project will be used in public displays solely or in conjunction with creating social awareness on the website and social media platforms.

Your loved one's story may be related to the mission to raise awareness about the disease of addiction and provide education the community and other stakeholders. As such, you agree that your loved one's photo may also appear in event coverage via social media, news coverage, publications, and other media platforms. By signing below, you hereby give permission to Enlightening Hope for the use of the photo and the information about your loved that you have provided.

<b>INFORMATION FOR LOST FAMILY/FRIEND:</b>	
FIRST/LAST NAMES:	
BIRTH/DEATH DATES:	
<b>PERSON WHO REQUESTED POSTER:</b>	
NAME:	
PREFERRED METHOD OF CONTACT: <i>EMAIL</i>	
<i>CELL PHONE</i>	
<i>FACEBOOK/MESSENGER AS</i>	
RELATIONSHIP TO LOST FAMILY/FRIEND: <small><i>(Must be Parent or Guardian if lost loved one is under the age of 18)</i></small>	
DATE _____	SIGNATURE _____
What I want you to know about my loved one:	