



## CONSENT FORM FOR PUBLICITY

I hereby give my permission to Impact NW to write about, photograph and/or videotape myself and/or the minor-age children listed below for publicity purposes. This may include publicity in items such as Impact NW's newsletters, direct mail, website, emails, videos, or any additional promotional materials.

I understand that Impact NW will not provide me with any additional services in exchange for participating in any publicity related activities.

### Adult / Parent or Guardian Giving Permission

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Name (please print)

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Name (signature)

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(Today's Date)

If consenting on behalf of a minor, please print name(s) below:

**DANCING TREE  
FAMILY CENTER**

MAILING:  
PO Box 33530  
Portland, OR 97292-3530

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**OUR MISSION:** To help people prosper through a community of support.