Screenless Allies LLC

Media Release and Consent Form

Contact: info@screenlessallies.com

Purpose

Screenless Allies LLC may take photographs, video recordings, audio recordings, or written testimonials during training sessions, events, or services. This form grants permission for such media to be used for educational, promotional, and business-related purposes.

Consent and Authorization

I hereby grant permission to Screenless Allies LLC to take photographs, video recordings, and/or audio recordings and use written or spoken statements. This media may be used for website content, social media, presentations, marketing materials, and podcasts.

Use of Identity

No full names will be used without additional consent. Identifying information will be limited to protect privacy.

Voluntary Participation

Participation is voluntary. I may decline to be photographed or recorded or request not to be included at any time.

Right to Withdraw

I may withdraw consent at any time by written notice to info@screenlessallies.com. Withdrawal applies to future use only.

Release of Liability

I release Screenless Allies LLC from any claims related to use of these materials.

Adult Consent

Name (Printed): ___________________________
Signature: ________________________________
Date: ____________________________________

Minor Consent

Minor’s Name: ______________________________
Parent/Guardian Name: ______________________
Signature: ________________________________
Date: ____________________________________

Screenless Allies LLC

Formulario de Autorización de Imagen y Consentimiento

Contacto: info@screenlessallies.com

Propósito

Screenless Allies LLC puede tomar fotografías, grabaciones de video, audio o testimonios escritos durante servicios. Este formulario otorga permiso para su uso educativo y promocional.

Consentimiento y Autorización

Autorizo a Screenless Allies LLC a tomar fotos, videos y audio, y usar declaraciones. Este material puede usarse en sitio web, redes sociales, presentaciones y marketing.

Uso de Identidad

No se usarán nombres completos sin consentimiento adicional. La información será limitada para proteger la privacidad.

Participación Voluntaria

La participación es voluntaria. Puedo negarme o solicitar no ser incluido en cualquier momento.

Derecho a Retirar Consentimiento

Puedo retirar el consentimiento mediante aviso escrito a info@screenlessallies.com. Aplicará a uso futuro.

Exención de Responsabilidad

Libero a Screenless Allies LLC de cualquier responsabilidad relacionada con el uso del material.

Consentimiento de Adulto

Nombre: ___________________________
Firma: ____________________________
Fecha: ____________________________

Consentimiento de Menor

Nombre del menor: ___________________
Padre/Tutor: _______________________

Firma: ____________________________
Fecha: ____________________________