



South Sound Reading Foundation  
Visual Image and Voice Recording Release Form

South Sound Reading Foundation  
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P: 200 Sleater-Kinney Rd. NE, Olympia, WA 98506  
(360) 412-4499  
read2me@nthurston.k12.wa.us

I, (PRINT NAME) \_\_\_\_\_ hereby  
authorize and give consent to the use of my visual image (photograph or  
videotape) or voice recording by the South Sound Reading Foundation for  
promotional and educational materials (print, video and electronic). I give this  
consent with no claim for payment.

I have read and understand the above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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If subject is a minor, or an adult with a legal guardian, complete the following:

Individual in photo/video (PRINT NAME) \_\_\_\_\_

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Date

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