SERVANTS MC

PARENT/GUARDIAN MEDIA RELEASE & CONSENT FORM

Child's name: _____

Parent/guardian name: _____

Servants MC supports children and families affected by childhood illnesses. We sometimes share stories, photographs, and fundraising updates on our official social media pages and other club communications to celebrate children, raise awareness, and recognize community support.

Please check each item you authorize. Leave any item unchecked if you do not consent.

- ☐ Photographs or videos showing my child
- ☐ My child's first name only
- ☐ My child's full name
- ☐ My child's illness or diagnosis (as written below)
- ☐ My child's story or details about their experience (subject to my review before posting)

Illness/diagnosis authorized for sharing (optional): _____

_____

Where content may appear: Servants MC's official Facebook page, other official social media accounts, website, and event or fundraising materials. Online content may be shared or saved by others outside the club's control.

Consent: I am the parent or legal guardian of the child named above. I voluntarily authorize Servants MC to use only the information and media I selected above for awareness, charitable, and promotional purposes without payment. I understand that I may decline any or all options and that declining will not affect my child's eligibility for assistance. No medical records are requested or authorized by this form.

Withdrawal: I may withdraw permission for future use at any time by contacting Servants MC. The club will stop new use and make reasonable efforts to remove content it controls, but cannot guarantee removal of previously shared or saved copies.

☐ **I do not authorize any public sharing of my child's image, name, diagnosis, or story.**

Parent/guardian signature: _____ Date: _____

Phone or email (for consent questions): _____

Servants MC representative (optional): _____