



PUBLIC/MEDIA PARTICIPATION CONFIDENTIALITY WAIVER

I, _____, understand that media representatives (newspaper, television, radio or other) may interview me for possible media coverage that will be released to the public. I further understand that I have the right to decline such an interview to protect my right to confidentiality. By signing this waiver, I release the AFSCME Local 685 from liability should my media interview and the information obtained by the reporter be made public.

With complete understanding of the facts involved, I consent and agree to an interview (discussion, conversation or other information sharing) by a media personnel (journalist, reporter, representative, producer, editor, photographer, etc.) that may or may not result the public release of my name, identity (including but not limited to name, face, quote, or other identifiable features) in a story featured in print and/or broadcast media for an undetermined length of time. I understand that my photo/video may remain publicly available indefinitely, even if my record is sealed or expunged in the future.

My Name

My Date of Birth

My Signature

Date Signed

Please return signed form via email to barb@actnowstrategies.com.