



Maine Continuum of Care

Maine Continuum of Care Release Form

By my signature below, I grant to Maine Continuum of Care permission to use my story, testimonial, or photographic likeness in any audio-visual, printed, internet and/or social media product in any form (including those used by National Council of State Housing Agencies), and hereby release and discharge Maine Continuum of Care from any and all actions, claims, or demands which I might have in connection with such use.

I understand that such story, testimonial, or photographic likeness may also be used in a published form, and in an electronic form as part of a website or social media, and I agree to hold harmless Maine Continuum of Care from any action, claim or demand in connection with such use.

Name (printed): _____ Date: _____

Address: _____

City, State and Zip Code _____

My phone number(s): Home: _____ Cell: _____ Work: _____

My email address: _____

Best way to contact you? _____

Signature: _____

(Signature of guardian, if individual is minor. Please say your relationship to minor)