



## CONSENT FORM FOR RELEASE OF INFORMATION AND PHOTOS

In consideration of our mutual desire to help educate the public about illegal drinking and the dangers of drinking and driving, I hereby authorize MADD-Mothers Against Drunk Driving, National Office, State Offices [ **MADD Georgia** ], Local Chapters, and MADD Partnership agencies to use the photo of my \_\_\_\_\_ named \_\_\_\_\_ in media campaigns /website/ photo boards/brochures/sobriety checkpoints/vigil presentations/ publications /billboards – to better educate the dangers of drinking and driving and to put a very personal face to this tragic and violent crime.

I also understand that the photo will be used by MADD for an unspecified period of time. MADD will not provide any monetary compensation for any materials used. I also represent that I have the legal authority to give this authorization. And that I am submitting a **COPY** of the victim's photo because MADD does not return photos.

\*\*\*Please check below which area of publication you **DO NOT want to give CONSENT**:

\_\_\_\_\_ Website    \_\_\_\_\_ Photo Board    \_\_\_\_\_ Media Campaigns    \_\_\_\_\_ Candlelight Vigils  
\_\_\_\_\_ Sobriety Checkpoints    \_\_\_\_\_ Brochures    \_\_\_\_\_ Publications    \_\_\_\_\_ Billboards

Please provide the following information (please print):

**Name of Victim** \_\_\_\_\_

**Age** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ Killed \_\_\_\_\_ Injured \_\_\_\_\_ Seriously Injured \_\_\_\_\_

**Date of Crash** \_\_\_\_\_ **Date of Death** \_\_\_\_\_

State Crash Occurred \_\_\_\_\_ County Crash Occurred \_\_\_\_\_

Next-of-Kin Name \_\_\_\_\_

Relationship \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_