

2025 - 2026 Media Release Form

I, _____ (print person's name) the undersigned, do hereby grant permission to The Arc Allegany-Steuben County Chapter NYSARC, Inc. (The Arc Allegany-Steuben) and The Arc New York to use my image/name for uses such as local, state and national media outlets, printed materials, brochures, newsletters, social websites, and videos/digital images such as those on the agency's website.

I understand any and all reproductions of materials including my image, voice or personal testimony obtained on the date of this release remains the property, solely and completely of The Arc Allegany-Steuben, to be used exclusively for the promotion of The Arc Allegany-Steuben and its family of services without further compensation to me and I waive the right to inspect and or approve the finished photographic product.

I further understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain services from The Arc Allegany-Steuben.

Finally, I do understand that I may revoke this authorization at any time, provided that I do so in writing. To The Arc Allegany-Steuben HIPAA Privacy Officer at One Arc Way, Bath, NY 14810.

I understand that information released between the effective date of this authorization and the date of the revocation may still be used in the public domain.

Signature _____
Parent/Guardian Signature _____
Relationship to Signee if Legal Representative: _____
Date _____

**This Media Release will expire one year from the date it is signed.*

Please make a copy of this form for your own records and return the original to:

Carrie Redman
Development Director
The Arc Allegany-Steuben
50 Farnum Street
Wellsville, NY 14895