

State of Ohio Combined Charitable Campaign

VIDEO TESTIMONIAL

MEDIA RELEASE

Below is your Authorization and Release to allow the State of Ohio Combined Charitable Campaign (CCC) to publish the video testimonial of your CCC experience, and/or any quote(s) or other portion(s) thereof, along with your first name ("video testimonial").

I, the undersigned, release the CCC (including its: directors, officers, employees, agents, and assignees) and the State of Ohio (including any individual agency thereof; and its directors, officers, employees, agents, and assignees) from any and all claims and/or liability connected with the publication or other use of the video testimonial. I acknowledge that my participation is voluntary. I waive all rights, interests, or claims for payment in connection with any publication or other use of the video testimonial.

I consent to the publication, reproduction, distribution, and other related uses of the video testimonial by the CCC.

I understand that the CCC is not obligated to publish or otherwise use the video testimonial or any portion thereof.

I understand that the CCC may publish or otherwise use the video testimonial online, or in any other media or forum now known, or later developed, anywhere in the world in perpetuity. I understand that the video testimonial may be viewed by the general public.

I understand that the video testimonial may be edited or otherwise altered prior to use. I hereby waive the right to inspect or approve the video testimonial and/or any material used in conjunction with and/or derived therefrom.

I understand this consent is voluntary and can be revoked--at any time prior to publication--by providing a written notice to the DAS Office of Legal Services at the address below:

DAS Office of Legal Services
30 East Broad Street, Suite 4023
Columbus, Ohio 43215

YOUR SIGNED CONSENT

Name: _____
Print Your First and Last Name

Your Signature

Signed this _____, _____, _____ intending to be legally bound hereby.
Month Day Year

Agency: _____

Email: _____

Phone: _____