

Media Images Opt-Out Release

*Please complete and return this release **ONLY** if you do **NOT** wish for Byte Back to record your participation and appearance on any recorded medium.*

I do not authorize Byte Back or its employees or agents to use recordings or photographs of myself in whole or part for advertising, media, video, audio, or other marketing purposes. Please note: This does not include videotaping by security cameras.

I have provided a picture of myself to be used as reference to assure my dis-inclusion in images used. **I am responsible for removing myself from the area in which photography/recording is occurring and notifying the camera person on site of my opt-out status.** I recognize that failure to do so may result in my inclusion in an image and will be treated as a release.

I understand Byte Back will make reasonable efforts to avoid access to my image or voice. I confirm that I am over 18 years old and have every right to contract in my own name. In signing, I affirm that I have read the "Media Images Opt-Out Release" and am familiar with its contents.

Adult (Over 18)

Date: _____ Name: _____
Address: _____ City: _____
State: _____ Zip: _____ Phone: _____
Email: _____

Child (Under 18)

Date: _____ Child's Name: _____
Parent's Name: _____ Phone: _____
Email: _____

I hereby confirm that I am the individual above or parent/guardian. I affirm I have read the above "Media Images Opt-Out Release," and am familiar with its contents.

Signature: _____

Return this form including a reference photo to info@byteback.org or by mail or in person to:
Byte Back, Attn: Communications Dept.
899 North Capitol Street NE, Suite 850
Washington, DC 20002

Office Use: Photo Received By:
Date: