



Enlightening Hope Project

Photo Waiver

I, _____ understand that the photo and information I provide of my loved one for Enlightening Hope Project (www.enlighteninghopeproject.com) will be used in public displays solely or in conjunction with creating social awareness on community billboards (local and nationally), websites and other social media platforms such as Twitter, Facebook, Instagram.

Your loved one's story may be related to the mission to raise awareness about the disease of addiction and provide education to the community and other stakeholders. As such, you agree that your loved one's photo may also appear in event coverage via social media, news coverage, publications, and other media platforms used in perpetuity and throughout the world.

By signing below, you hereby permit Enlightening Hope Project to use the photo and the information about your loved one that you have provided.

ANGEL INFORMATION:		
First and last name		
Birth and Death date		
PERSON SUBMITTING REQUEST (must be legally recognized as next of kin):		
Name:		
Please choose preferred method of contact (I.e.: email, cell phone, Facebook messenger)		
<i>EMAIL</i>		
<i>CELL PHONE</i>		
<i>FACEBOOK/MESSENGER AS</i>		
Relationship to lost loved one <i>(Must be parent or guardian if lost loved one is under the age of 18)</i>		
Signature	Date	



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What I want you to know about my loved one (favorite color, hobbies, etc):