



Look! Participant Application

FIRST NAME _____ LAST NAME _____

NOMINATING ORGANIZATION _____ ORGANIZATION CONTACT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ ORGANIZATION WEBSITE _____

EMAIL _____

PARTICIPANT CONTACT INFORMATION _____

Tell us about your child and your journey _____

I hereby authorize Family Connection of South Carolina, hereafter referred to as FCSC, to publish photographs taken of me for the Look! event, and my name and likeness, for use in FCSC's print, online and video-based marketing materials, as well as other FCSC publications and events.

I hereby release and hold harmless FCSC from any reasonable expectation of privacy or confidentiality associated with the images specified above.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in FCSC marketing materials or other FCSC publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release FCSC, its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

AUTHORIZED SIGNATURE _____

DATE _____

Thanks for participating and #MakingConnections!

Sponsorship Opportunities are available to help promote your organization and cause. Contact Mila Burgess-Conway for more information at MConway@FamilyConnectionSC.org or (803) 252-0914.

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