

State Nutrition Action Coalition

Media Consent Form

I hereby grant permission to the State Nutrition Action Coalition (SNAC) to use my:

Photograph Videotaped Image Quotes/Comments Name

for publicity and educational purposes in any and all publications and media without limit or reservation.

Full Name (Please print) _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
Signature _____ Date _____

If you are a legal guardian signing for a minor, please complete this form with your name and print the minor's name, age and your relation here:

Minor's Full Name: _____
Relation _____ Minor's Age: _____

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