



MEDIA CONSENT, RELEASE & ADULT PARTICIPANT PREFERENCE FORM

For Adults Age 21+ with a Legal Guardian

Participant Name: _____

Date of Birth: _____

Legal Guardian Name: _____

Relationship to Participant: _____

Guardian Phone: _____

Guardian Email: _____

Date Form Completed: _____

1. PURPOSE OF THIS FORM

Karina Association, Inc. respects the privacy, dignity, personal preferences, and rights of every individual we support.

From time to time, Karina Association may photograph, video record, audio record, or interview participants during programs, community activities, employment and vocational activities, special events, educational programs, celebrations, fundraising activities, or other Karina Association activities.

Because the participant named above is an **adult age 21 or older**, this form is intended to document both:

1. Authorization from the participant's legal guardian, when the guardian has legal authority to provide such consent; and
2. The wishes and preferences of the adult participant to the greatest extent they can be determined and communicated.

Guardian authorization does not mean that an adult participant will be required to participate in media activities. Karina Association will make reasonable efforts to seek and respect the participant's assent, objection, comfort level, and personal preferences.

2. LEGAL GUARDIAN AUTHORIZATION

I certify that I am the legal guardian of the participant identified above and that I have the legal authority, within the scope of my guardianship, to provide the permissions selected on this form.

Please check **YES** or **NO** for each category.

A. Photography

- ☐ YES — I authorize photographs of the participant.
- ☐ NO — I do not authorize photographs of the participant.

B. Video Recording

- ☐ YES — I authorize video recordings of the participant.
- ☐ NO — I do not authorize video recordings of the participant.

C. Audio Recording

- ☐ YES — I authorize audio recordings of the participant.
- ☐ NO — I do not authorize audio recordings of the participant.

D. Interviews / Testimonials

- ☐ YES — I authorize the participant to be invited to participate in interviews or testimonials, subject to the participant's willingness to participate.
- ☐ NO — I do not authorize interviews or testimonials.

3. APPROVED USES

If permission is granted above, I authorize Karina Association, Inc. to use the approved media for the purposes I select below:

- ☐ Karina Association website
- ☐ Karina Association social media

- ☐ Newsletters
- ☐ Printed brochures, flyers, and informational materials
- ☐ Annual reports and organizational publications
- ☐ Fundraising and donor communications
- ☐ Grant applications and grant reports
- ☐ Educational presentations
- ☐ Staff or organizational training materials
- ☐ Community awareness and outreach
- ☐ Public relations and media stories
- ☐ Promotional videos about Karina Association programs and services
- ☐ Presentations to families, community partners, funders, government agencies, or other stakeholders
- ☐ Other: _____

4. NAME AND IDENTIFYING INFORMATION

Please indicate how the participant may be identified in approved media:

- ☐ Photograph/video may be used, but **no name** may be published.
- ☐ First name only may be used.
- ☐ First name and last initial may be used.
- ☐ Full name may be used.
- ☐ I do not authorize any identifying information to accompany the participant's image or recording.

Disability or Service Information

Please select one:

☐ Karina Association may generally identify the participant as an individual receiving Karina Association services, when appropriate.

☐ Do NOT identify the participant as receiving disability services.

☐ Do NOT disclose the participant's disability, diagnosis, medical information, or other private information.

☐ Other restriction: _____

5. ADULT PARTICIPANT'S CHOICE AND PREFERENCE

Karina Association believes that adults with disabilities should be included in decisions affecting their own image, voice, privacy, and public participation.

Even when a legal guardian has authorized media participation:

- The participant will not be intentionally forced to pose, speak, be interviewed, or participate in a media activity against their expressed wishes.
- Staff should explain the activity in a way the participant can understand.
- Communication supports should be provided when appropriate.
- Verbal and nonverbal expressions of discomfort or refusal should be respected.
- A participant may decline a particular photograph, video, interview, or activity even when general guardian consent is on file.
- Declining media participation will not affect the participant's eligibility for or access to Karina Association services.

6. ADULT PARTICIPANT ASSENT / PREFERENCE

Whenever reasonably possible, this section should be reviewed directly with the adult participant using language and communication methods appropriate to the individual's needs.

The participant has indicated:

☐ YES — I am comfortable being photographed.

☐ YES — I am comfortable being video recorded.

☐ YES — I am comfortable participating in interviews.

☐ SOMETIMES — Please ask me before each media activity.

☐ NO — I do not want to participate in photographs, videos, or interviews.

☐ The participant's preference could not be reliably determined at this time.

☐ The participant communicates preferences primarily through gestures, behavior, AAC, or other nonverbal communication.

Participant's specific preferences, communication needs, or restrictions:

Participant Signature, if able and willing: _____

Date: _____

Staff Member Who Reviewed Participant Preference: _____

Date: _____

7. VOLUNTARY PARTICIPATION

I understand that media participation is voluntary and that refusing media consent will **not affect the participant's eligibility for, access to, or quality of services provided by Karina Association, Inc.**

I understand that Karina Association may take reasonable steps to exclude the participant from photographs, videos, or recordings when consent has not been provided.

8. MEDIA RELEASE

For the media uses specifically authorized by this form, I authorize Karina Association, Inc. to photograph, record, reproduce, display, publish, and distribute the approved photographs, video recordings, audio recordings, or interviews for the selected organizational purposes.

I understand that authorized materials may appear in printed or electronic formats and, when authorized for websites or social media, may become publicly accessible.

I understand that once information or media is publicly posted or distributed, Karina Association may not be able to completely control third-party sharing, copying, downloading, or redistribution.

9. COMPENSATION

I understand that neither the participant nor the legal guardian will ordinarily receive financial compensation for authorized use of photographs, recordings, interviews, or other media unless a separate written agreement specifically provides otherwise.

10. WITHDRAWAL OR CHANGE OF CONSENT

I understand that I may request to change or withdraw this authorization by providing written notice to Karina Association, Inc.

A withdrawal will apply to **future uses** after Karina Association receives and processes the request. I understand that Karina Association may not be able to retrieve materials that were previously printed, distributed, published, submitted to third parties, or otherwise made public before the withdrawal was received.

The adult participant may also communicate at any time that they do not wish to participate in a particular photograph, recording, or interview, and Karina Association staff will make reasonable efforts to honor that preference.

11. DURATION AND RENEWAL

This consent will remain in effect until:

☐ One year from the date signed

☐ _____ (specific expiration date)

☐ Until withdrawn or replaced in writing, subject to applicable law and Karina Association policy

Karina Association may periodically request that the participant and/or legal guardian review and renew this form to ensure that preferences and permissions remain current.

LEGAL GUARDIAN ACKNOWLEDGMENT

By signing below, I acknowledge that:

- I have read and understand this Media Consent, Release & Adult Participant Preference Form.
- I have had an opportunity to ask questions.
- I certify that I have legal authority, within the scope of my guardianship, to provide the permissions selected above.
- I understand that the participant is an adult and that Karina Association will make reasonable efforts to respect the participant's own wishes and preferences.
- I understand that participation in media activities is voluntary and is not a condition of receiving Karina Association services.

- I authorize only the media activities and uses that I have specifically selected on this form.

Legal Guardian Name (Print): _____

Legal Guardian Signature: _____

Date: _____

Participant Name: _____

Participant Signature, if able and willing: _____

Date: _____

Karina Association Representative: _____

Signature: _____

Date: _____

FOR KARINA ASSOCIATION OFFICE USE

☐ Consent reviewed

☐ Participant preference reviewed/documented

☐ Restrictions entered into participant record

☐ Relevant DSP/Job Coach/Program staff notified of restrictions

☐ Copy provided to legal guardian

☐ Copy provided to participant, when appropriate

☐ Form uploaded to participant record

Consent Status: ☐ Full ☐ Limited ☐ Declined

Expiration/Renewal Date: _____

Reviewed By: _____

Date: _____

Important Staff Reminder*

A signed guardian authorization is not permission to disregard an adult participant's objection. If a participant communicates that they do not want to be photographed, recorded, or interviewed—or demonstrates clear discomfort—staff should stop and respect that choice whenever reasonably possible.

Dignity, choice, privacy, and person-centered support come first.