



## Consent Agreement

I, \_\_\_\_\_, consent to having my name, photograph, image, and/or voice/quotes used for publication in newsletters, annual reports, videos, Internet/Intranet web page, audio, and presentation displays by the County of Sacramento Countywide Service and statewide programs and to be shared with media/public. I understand that my picture/image may be seen by members of the general public.

I give my consent for my submitted headshot and bio to be displayed during the duration of the Journey of Hope exhibit.

I understand that I may revoke this consent agreement at any time except when action has already been taken based on this release.

NAME OF PERSON BEING  
PHOTOGRAPHED  
OR INTERVIEWED: \_\_\_\_\_

(Please Print)

SIGNATURE: \_\_\_\_\_  
(PARENT/GUARDIAN/AUTHORIZED REPRESENTATIVE  
REQUIRED IF UNDER 18 YEARS OF AGE)

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

X Submit via email to  
DHSPUBHJourneyOfHope@SacCounty.gov

\_\_\_\_\_  
(CS Photo Release 10/13)

EVENT: Journey of Hope 2025

DATE OF EVENT: 10/01/2025-10/31/2025

PROGRAM: Stop Stigma Sacramento

PROGRAM CONTACT: \_\_\_\_\_