



Brain Injury Alliance

C O L O R A D O

Consent to Photograph and Personal Story (Marketing)

Name: _____ Date of Birth: _____

Parent/Guardian Name (if applicable): _____

I, _____ hereby authorize Brain Injury Alliance of Colorado to use my photograph. I hereby authorize Brain Injury Alliance of Colorado to use my personal story, also known as a “survivor story” and that the text in this story was provided and approved by me. I understand that the photograph and personal story will be used for the purpose of marketing, data collection and review of Brain Injury Alliance of Colorado techniques within the company.

In addition to these uses, the photo and/or story will only be used for the purposes that I agree to as designated below. I understand that I will not be compensated financially for these materials or the use of these materials. If my decision regarding the use of these materials should change, I agree to submit a written request to Brain Injury Alliance of Colorado indicating this change.

Please initial next to your decision for each item

I authorize the photo and personal story to be shown for ***marketing purposes***, including on a brochure, flyer or website.

Permission given: _____ Permission NOT given: _____

I authorize the photo or personal story to be shown for ***professional presentations to educate others about brain injury***.

Permission given: _____ Permission NOT given: _____

Authorizing Signature: _____ Date: _____