



The Never Alone Nick Rucker Foundation, Inc.

PHOTO CONSENT FORM

I, _____ with a mailing address of _____ City of _____, State of _____ (the “Releasor”) grant permission and give my consent to The Never Alone Nick Rucker Foundation, Inc. (the “Releasee”) for the use of the photograph(s) or electronic media images as identified below for fentanyl awareness conducted by/on behalf of The Never Alone Nick Rucker Foundation, Inc., including the facebook group Never Alone Nick Fentanyl Awareness.

Photo(s) That I provide sent via email, Facebook, or messenger

Must provide: Name, age, and relationship to my angel.

Name _____

Forever Age _____ My relationship to angel _____

- I understand that with my authorization below the photograph(s) may never be revoked. I certify that I have authority to consent to the use of photo(s).

Releasor’s Signature _____ Date _____

The Never Alone Nick Rucker Foundation, Inc.

PLEASE RETURN TO: angelamarie@neveralonenick.org, or Angela Marie via Facebook messenger