

**THE STORY BUS
MEDIA RELEASE & PUBLIC USE AUTHORIZATION FORM**

A Service of Fyffe Media Company LLC
This form is optional.

Your decision to grant or decline permission will not affect pricing, service quality, scheduling priority, deliverables, or your experience with The Story Bus.

The Story Bus respects your privacy and will only use materials in the ways you authorize below.

PARTICIPANT INFORMATION

Name: _____

Address: _____

Phone: _____

Email: _____

Session Date: _____

PURPOSE OF THIS RELEASE

The Story Bus occasionally shares portions of recordings, photographs, testimonials, stories, transcripts, and related materials to help others understand what The Story Bus does. Examples may be used for:

- Website content
- Social media
- Brochures
- Printed materials
- Event booth displays
- Advertising
- Educational materials
- Customer testimonials

This form allows you to decide exactly what may and may not be used.

PERMISSION OPTIONS

Please check all items you authorize.

WEBSITE

Yes, portions of my recording may be used on The Story Bus website.

No website use permitted.

SOCIAL MEDIA

- Yes, portions of my recording may be used on social media.
 - No social media use permitted.
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PRINTED MATERIALS

- Yes, portions of my recording may be used in brochures, flyers, pamphlets, displays, and printed materials.
 - No printed material use permitted.
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EVENT DISPLAYS

- Yes, portions of my recording may be used in event booths, community events, expos, fairs, and public displays.
 - No event display use permitted.
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TESTIMONIALS

- Yes, statements I provide may be used as testimonials.
 - No testimonial use permitted.
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AUDIO CLIPS

- Yes, short audio clips may be used.
 - No audio clip use permitted.
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VIDEO CLIPS

- Yes, short video clips may be used.
 - No video clip use permitted.
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PHOTOGRAPHS

- Yes, photographs taken during the session may be used.
 - No photograph use permitted.
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TRANSCRIPT EXCERPTS

- Yes, excerpts from transcripts or Written Legacy Keepsakes may be used.
 - No transcript excerpts may be used.
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IDENTIFICATION PREFERENCE

Please select one:

- Full Name May Be Used
 - First Name Only
 - Anonymous (No Name)
-

ADDITIONAL RESTRICTIONS

If there are specific topics, stories, photographs, names, or portions of the recording that should never be used publicly, please describe them below:

OWNERSHIP AND RIGHTS

- I understand that I retain ownership of my personal stories, memories, experiences, and likeness.
- I grant The Story Bus and Fyffe Media Company LLC permission to use only the materials specifically authorized by this form.
- I understand that I may decline any category above and still receive the same services and deliverables.
- I understand that permission granted through this form is voluntary.

REVOCACTION OF PERMISSION

If I later wish to withdraw permission for future use, I may submit a written request to: dfyffe@fyffemedia.com

The Story Bus will make reasonable efforts to discontinue future use of authorized materials after receiving such a request.

This provision does not require the removal of materials already printed, published, distributed, archived, or previously produced before the request was received.

ACKNOWLEDGMENT

- I have read this form and understand the permissions I am granting.
- I understand that signing this form is voluntary.
- I understand that declining permission will not affect my ability to receive Story Bus services.

PARTICIPANT SIGNATURE

Signature: _____

Printed Name: _____

Date: _____

THE STORY BUS

A Service of Fyffe Media Company LLC

Representative Signature: _____

Printed Name: _____

Date: _____