**For Presenter’s Use**

|  |  |
| --- | --- |
| Today’s Date |  |
| Event Name |  |
| Location |  |
| Presenter |  |

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AmeriCorps Seniors Metro Atlanta RSVP

**Sign-in & Model Release**

*Model Release for Social Media, Publication, and Video Purposes: I hereby give permission to the Atlanta Regional Commission, its service providers, and designated community partners to use my name and photographic likeness in all forms and media for promotional and educational purposes and for any other lawful purposes.*

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| Name & Signature | Email Address &/or phone  | Are you a veteran? |
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