



**Release of Photographs/Audio/Video  
AUTHORIZATION FORM**

I, \_\_\_\_\_ hereby authorize The Institute for Individual and Organizational Change (IFIOC) and its affiliates, its employees and agents, all rights and use of photographs/audio/video of me and my property in connection with Motivational Interviewing/MICA Training. I authorize IFIOC its assigns and transferees to copyright, use and publish the same in print and/or electronically as it will contribute to and advance the knowledge, skills and development of professionals around the world, with the exception(s) to the following (DESCRIBE INFORMATION NOT TO BE DISCLOSED, IF ANY):

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I agree that IFIOC may use such material of me with or without my name and for any lawful purpose, including examples such as the purposes of publicity, illustration, advertising and Web Content. I also understand that I need to provide a documented request to not be named or otherwise identified. Lastly, I understand there will be no financial payment now or in the future for the use of these photographs/audio/video, and/or digital recordings.

This authorization is valid from the date of my/my representative's signature below.

I understand that I have a right to revoke this authorization by providing written notice to IFIOC. However, this authorization may not be revoked if IFIOC, it's employees or agents have taken action on this authorization prior to receiving my written notice. I also understand that I have a right to have a copy of this authorization.

I further understand that this authorization is voluntary and that I may refuse to sign this authorization.

**Name of Participant/Representative:** \_\_\_\_\_

**Signature of Participant/Representative:** \_\_\_\_\_

**Date:** \_\_\_\_\_