

The Backpack program is donor and/or grand funded. SMFB may occasionally request assistance with parent surveys to get program feedback for these funding sources including pictures and/or stories of impact. Pictures are accepted with a child release form on following page.

Feedback

What are some ways the Food Bank and/or our team can **improve your experience** with the Backpack Program? **What can we do to support you?**

Impacting Stories

Do you have stories to share throughout the year on how this program has made a **positive impact on a child and/or family**. If you have any pictures, please complete the *"Authorization and Release"* form.

How to submit: Submit via fax 480-780-3715 or Scan and Email to cdavis@stmarysfoodbank.org



2831 N. 31st Avenue
Phoenix, Arizona 85009
(602) 242.3663

Authorization and Release

Print, copy, design, photography, television, tape, sound recording, digital imaging and internet

I, _____ of _____
(print name) (address)

(city, state, zip) (phone number)

(email address)

Hereby authorize and consent St. Mary's Food Bank, a nonprofit corporation, its legal representatives, successors, or assigns, shall have the right to copyright, publish, use, sell or assign any and all prints, copies, designs, photographs, television sports, film, videotapes, digital images, and/or sound recording, or any part thereof, it has taken or made of me on this date, or in which may be included in whole or in part, whether apart from or in connection with, illustrative or written printed matter, story or news items, television or radio spots, or for publicity, advertising, or any other lawful purpose whatsoever, in conjunction with my own or a fictitious name, or in reproductions thereof in color or otherwise.

I hereby waive all claims for any compensation for such use or for damages.

I hereby waive any right that I may have to inspect and/or approve the finished product or the advertising copy that may be used in connection therewith or the use to which it may be applied.

I hereby warrant that I am of full age and have every right to contract in my own name in the above regard. If this is on behalf of a minor, I warrant that I am the minor's guardian. I state further that I have read the above authorization and release, prior to its execution, and that I am fully familiar with the contents thereof.

Date

Signature

Parent/Guardian Signature

Print name of minor

Age of minor