

Stories from the Mountains – Permission & Release Form

Hearts of Appalachia Project, Inc.

Participant Information

First Name: _____

Last Name: (Optional)

I give permission to use my full name

City/State: _____

Consent

I am voluntarily sharing my story, memories, and experiences with the Hearts of Appalachia Project. I give permission for my story to be:

Written and shared

Audio recorded

Video recorded

Photographed (if applicable)

Use of Story

My story may be:

- Shared on the HOA website
- Included in publications or digital content
- Used to preserve Appalachian history

Privacy Preferences

First name only may be used

Full name may be used (if approved above)

Signature

Participant Signature:

Date: _____

If signed by family member or caregiver

Name: _____

Relationship: _____

Date: _____