

REALITYWORKS RELEASE FORM

Realityworks, Inc. is requesting your permission to release information about you, and your organization to the general public. Such information may be included in Realityworks' marketing and program materials, including advertisements, catalogs, direct mail, website, newsletters, brochures, videotapes, audiotapes, news releases, or other media.

The purpose is to inform the general public, our customers and potential customers, including families, students, educators, local community leaders, business leaders, etc., about Realityworks products and programs.

Please complete, sign and return this form to Realityworks, Inc. as soon as possible. A signature is required. Please fax the completed form to (715) 830-2050 or e-mail to pressroom@realityworks.com

☐ **YES**, Realityworks, Inc. has permission to release information publicly as stated below. A parent or guardian must sign for a minor. Please check appropriate boxes.

- ☐ I allow my name, my organization's name, and city/state name to be published/broadcast along with my written/verbal testimonial.
- ☐ I allow my photograph and/or video image to be used in Realityworks' materials (send actual video footage or photograph of the person speaking in the testimonial via mail, or digital JPEG, TIFF, or GIF of at least 72 dpi via email to address below – please no prints from laser or ink jet printers)
- ☐ I am willing to be contacted by the media for further comment.

This release will be retained on file indefinitely.

Name (First, MI and Last): _____

Title: _____

Organization Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Home Phone: _____ Mobile Phone: _____

E-mail Address: _____

Signature: _____ Date: _____

MINORS (under 18):

If person in photo or giving testimonial is under 18, please complete the following:

Name of Parent/Guardian (First, MI and Last): _____

Signature of Parent/Guardian: _____ Date: _____

Parent/Guardian's Phone Number: _____

Name of Student (First, MI and Last): _____

Student Signature: _____ Date: _____

Contact Information: Marketing Communications, Realityworks, Inc.
2709 Mondovi Road, Eau Claire, WI 54701, Phone: 800.830.1416
Email: pressroom@realityworks.com **Website:** www.realityworks.com