



## Consent Form

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**My signature below indicates that I give DDA of Oregon, Inc. permission to publish all or parts of submitted stories and/or writing (poetry, essay, etc.) as well as any photographs taken by DDA at DDA related events and meetings. Photographs may be used in any and all of DDA's publications and media. I understand that there will be no compensation for my writing submissions or photographs and I release DDA of Oregon, Inc. of any liability for its use.**

**I understand and consent to allow DDA to use my first name as the author or I have indicated in writing that I wish to remain nameless.**

**I further authorize DDA to make any necessary editorial changes and revisions prior to my story's use. I understand that DDA will maintain the integrity and the intent of my story.**

\_\_\_\_\_  
Signature/Date

\_\_\_\_\_  
Full Printed Name

\_\_\_\_\_  
Witness signature/Date

\_\_\_\_\_  
Witness Full Printed Name

**DDA of Oregon, Inc.  
www.ddaoforegon.com  
PO Box 2883  
Portland, OR 97208  
Toll Free: (877) 222-1332**