



Response Form and Photo Release

Please complete and submit this form to gloeffler@allrise.org as soon as possible. You can also complete this form online.

Court Program: _____

Address: _____

City, State, Zip: _____

Coordinator/Point of Contact: _____

Phone Number: _____

Email Address: _____

Date of Graduation Ceremony/Event: _____

Expected Number of Graduates: _____

Event Keynote Speaker(s) (Name, Title/Position): _____

Invited Members of Congress: _____

One-minute Support Speech on Senate/House Floor: YES* NO

*If yes, please send NADCP a copy of the speech used.

Additional Information: _____

Photo Release: For valuable consideration received, I hereby grant to the National Association of Drug Court Professionals and its legal representatives, licensees, and assigns the irrevocable and unrestricted right to use and publish photographs of me, or photographs in which I may be included, for editorial trade, advertising, and any other purpose and in any manner and medium; and to alter the same without restriction. I hereby release the National Association of Drug Court Professionals and its legal representatives, licensees, and assigns from all claims and liability relating to said photograph.

Printed Name*

Signature*

Date*

Treatment Court Name*

**Indicates required field for photo release*