



**embrella™**  
 Embracing & Empowering Families  
*(Formerly Foster and Adoptive Family Services)*

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\_\_\_\_\_  
 Signature:

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Full Name as You Want it to Appear in Video (Print)

**Complete the following if the individual is a minor or a legal ward in the state of New Jersey:** I, the undersigned, warrant and represent that I am the parent, foster parent or legal guardian of the minor named above and that I have read the above release agreement and am fully familiar with the contents thereof and I hereby grant my permission and consent to all of the foregoing. Notwithstanding this release and authorization or the checkbox below, embrella operates within the guidelines of DCP&P policy and will not use names, photographs, video or other recordings of children in foster care where their identities or their status as children in foster care would be revealed.

\_\_\_\_\_  
 Name (printed) of Parent or Legal Guardian

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Address

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