

Specialty Human Services Division MEDIA EXPOSURES QUESTIONNAIRE

Name	e of organization:	FEIN:		
Website address:		If you do not have a website, attach brochure and detailed description of daily activities	s of organiza	ation.
1.	☐ Sells music or printed mate ☐ Airs television, radio or inter	oplicable): ng, brochures, pamphlets, websites or other materials using photographs taken by you or someone in your also created, published or produced by someone within your organization. rnet broadcast segments, PSAs or shows. ia (please describe)	our organiz	zation
2.	3	waivers that specifically release your organization from all liability arising from personal or g the likeness of others (e.g. pictures) or prior to using the work product of others?	YES 🗖	NO 🗆
3.	Frequency of broadcast segme	ents: □ N/A □ daily □ weekly □ monthly □ infrequently		
4.	Describe all media created, pro	oduced or published by your organization:		
5.	Do you employ a contractor fo	or creation or legal review of any materials?	YES 🖵	NO 🗆
	If yes, describe materials subject to review and type of review:			
6.	Does your organization carry any type media liability insurance (broadcasters' liability, publishers' liability etc.)?			NO 🗆
	If yes, describe policy and wh	nat exposure is it used to insure:		
Comp	oleted by:	Date Completed:		