

McNeil Island Corrections Center Inmate Consent to Contact with News Media

Date: _____

Inmate's Name & Number (print) _____

Name of Media Representative: _____

Name of Organization: _____

Address of Organization: _____

I, the above named inmate, do hereby freely give permission to the above named news media representative to interview me on or about _____ (date) and I do hereby authorize the news organization represented by this person to use any information gathered about me during this interview for any legitimate purpose. I further authorize the Superintendent and the agency and their authorized representatives to release to the representative of the above named news organization any documents or information relating to allegations or comments made by me in this interview.

Inmate's Signature

Staff Witness Name and Title

I, the above named inmate, do freely give permission to the above named news media representative to make recordings of my voice during this interview and to take photos of me (still, moving or video) and I do hereby authorize the use of such pictures or recordings by the news media organization represented by this person for any legitimate reason.

Inmate's Signature

Staff Witness and Title

Original to: MICC - PIO
Copies to: Inmate's Central File
Media Representative
Escort Staff

**McNeil Island Corrections Center
Media Visit Information Sheet**

You have been authorized to visit the following areas, inmates and/or staff at the McNeil Island Corrections Center:

You are authorized to take photographs in the following areas ONLY:

You are reminded if you take photographs or interview any inmates or staff, you must have their consent in writing before taking their photograph or conducting any interview.

You are to remain in the company of your escort at all times and follow their directions.

Your staff escort(s) is/are:

FAILURE TO COMPLY WITH THESE INSTRUCTIONS MAY RESULT IN THE TERMINATION OF THIS TOUR AND THE DENIAL OF FUTURE TOURS.

I have read, understand and agree with the requirements of this information sheet.

(Signature)

Original to: MICC - PIO
Copies to: Media Representative
Escort Staff

News Media Agreement

Inmate's Name: _____

Inmate's Number: _____

I, _____, do hereby state that I am primarily employed in the business of gathering or reporting news for a newspaper qualifying as a general circulation newspaper in the community to which it publishes; or a news magazine or periodical in the community to which it publishes; or a news magazine or periodical having a national circulation; or national or international news service; or radio or television news programs holding Federal Communications Commission license.

My employer is (business name) _____, my immediate supervisor is _____, who may be reached at (telephone) _____.

I have familiarized myself with McNeil Island field instruction governing my conduct during interviews and visits within McNeil Island and agree to comply fully with them.

I hereby fully and completely waive my personal right to be free from search of my person or property so long as I remain within the boundaries of McNeil Island grounds.

I agree to provide no compensation, either direct or indirect, to the inmate or his/her family for any interviews or correspondence. I further agree to respect the rights of privacy for all inmates and staff and to obtain a release from any inmate or staff before any photos or recordings are utilized or personal information derived from any interview or correspondence is used in any publication or broadcast.

I recognize a visit to a prison presents certain hazards, and I agree to assume all ordinary and usual risks to my personal safety inherent in a visit to an institution of this type.

(Signature)

Original to: MIOC - PIO
Copies to: Inmate's Central File
Media Representative



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

RELEASE FOR PUBLICATION OF NAME / PHOTOGRAPH

I, _____, give permission for the following:
(print name here)

- 1. Publication of My Name / Interview Yes No
- 2. Publication of My Photograph Yes No

Signature

Title/Number

Facility Name

Date

If this form is being completed by an offender, a staff witness is required:

Witness Signature

(Insert particular use of photograph. If a series of photographs are taken during a comparatively short time span, obtain the release for the series or project. Otherwise the inmate's release should be obtained each time his picture or an interview is done for other than internal use.)