

First Days Project Participant Release Form

The First Days Project shares the stories of immigrants' and refugees' first days in the United States. The stories are made available through SAADA's [First Days Project website](#), which is publicly accessible to anyone with an internet connection, with no restrictions.

By signing this form, I hereby grant SAADA the following rights and permissions to my first days story:

- To publish my story on the First Days Project website.
- To make minor edits to my story for presentation (for example, removing long pauses), before it is made available publicly.
- To share my story publicly through social media and in other venues, including presentations, workshops, and other media.

Name Disclosure:

- ☐ SAADA can publish my name.
☐ I wish to be anonymous.

This release authorization is binding upon me, my heirs, legal representatives, and assignees. I have read and understood the terms of this release form, and I voluntarily sign it of my own free will. I understand that I have the right to request the withdrawal of my story from the website and all materials at any time.

Full Name: _____ Signature: _____

Date: _____

Please do not hesitate to reach out to SAADA with any questions about this agreement. You can reach us at firstdays@saada.org. Thank you!