



The Martin J. Walsh Alumni Award Nomination Form

The Martin J. Walsh Alumni Award recognizes and honors individuals who have overcome significant hurdles due to substance use and/or mental health disorders. By celebrating stories like these, this annual tradition aims to show people that recovery is possible, and there is hope.

To nominate yourself or someone for the Martin J. Walsh Alumni Award, please fill out the form below and submit to Jordan Tofalo, Marketing and Development Assistant, at jtofalo@gosnold.org. Please include a photo and a few paragraphs about your personal recovery story.

Name: _____

Address: _____

Phone Number: _____

Gosnold Program (s) Attended: _____

Sobriety Date: _____

Personal Recovery Story:

By signing below, I consent to and give Gosnold and its representatives, agents, subsidiaries, related entities and assigns (collectively, the "Company") permission to take and create photographs, images, videos, recordings, quotes, summaries, biographies, and/or excerpts of and about me (collectively called the "Media"). I give permission to the Company to use and re-use, publish, distribute, and/or broadcast the Media, in whole or in part, individually or in conjunction with other photographs, images, videos, text, quotes, summaries, biographies, and/or excerpts, in all promotional, educational, business, trade, advertising, and marketing materials, including, but not limited to, in connection with product endorsements. These materials may include e-mails, the Internet, social media, websites, and other electronic media, as well as traditional radio, television, cable television, newspaper, magazine, direct mail, catalogs, brochures, advertisements, promotional materials, press releases, training materials, and other uses, in such medium and formats (whether now known or hereafter created or invented), at such locations, at such times and for such purposes as the Company chooses, in its sole discretion. I hereby waive any right that I may have to inspect or approve the finished product or products or the advertising copy or printed matter that may be used in connection with the Media or the use to which the Media may be applied. In addition, I waive all rights that I may have to any claims for payment of any kind, whether money, property or otherwise, related to the recording, production, publication, use or re-use of the Media. I understand that my name, nickname, pseudonym, likeness, voice, image and/or biographical information may be used as part of or in connection with the Media. I release and hold harmless the Company, from any and all claims that may arise out of or in connection with my participation in the recording, production, publication, use and/or re-use of the Media including, without limitation, any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite or distorted form, whether intentional or otherwise, that may occur or be produced in the taking of any of such photographs, portraits or other materials or in any subsequent processing thereof. I understand that this Release applies in perpetuity. I have read the above authorization, release, and agreement, before signing it, and that I am familiar with it and understand what it means.

Name: _____

Signature: _____

Date: _____