



MEDIA RELEASE FORM * PLEASE READ CAREFULLY *****

This authorization grants permission to use your image (still or moving) and/or your performance in perpetuity for educational/promotional purposes.

I agree to the following, for educational/promotional purposes:

1. To allow the recording of your image/voice (e.g., photographs, audio, or video)
2. To allow distribution of images or recordings
3. That there is no reimbursement for the right to take, use, or distribute images or recordings

By signing below, I and/or my child(ren) acknowledge that we have carefully read this agreement and understand its contents; that we have been sufficiently informed of the risks involved and give our voluntary consent in signing it as my own free act and deed, free from any inducement, with the full intention to be bound.

Name of Student(s) _____

Signature of Student (over 18) or Signature of Parent/Guardian on behalf of minor

Date _____

Print Name of Student (over 18) or Parent/Guardian on behalf of minor
