

Media Consent Waiver and Release

Your Name/Child's Name _____

Address _____ (work or home)

City _____ State _____ Zip Code: _____

Work Phone _____ Home Phone _____ Cell Phone _____

Work Email _____ Home Email _____

To be signed by the subject, parent, or guardian:

I hereby give permission to the Partnership for Children of Cumberland County, Inc. and other news media entities, to prepare, reproduce, publish, or exhibit my or my child's picture, portrait, or likeness for use by the news media or the Partnership in their news and public awareness programs. Any photograph, photo transparency, drawing, or other illustrative graphic material, audio-visual tape, or audio-visual illustrations, news report, story, or article may be used without my prior examination of the finished product.

I hereby waive my or my child's right to privacy in connection with consent above-given and hereby release, discharge, and agree to hold harmless all the parties to whom this consent is given from any liability whatsoever and agree that this consent and waiver will not be made the basis of a future claim of any kind.

Signed: _____

Relationship: _____

Date: _____