



MEDIA AUTHORIZATION AND RELEASE FORM

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I understand that I may be identifiable in these photographs, videos or written/audio accounts, though my name will not be published unless I specifically agree below.

I DO

I DO NOT

Consent to the use of my name with these photographs, videos or written/audio accounts.

I hereby waive all claims for any compensation for such use or for damages.

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I state that I have read the above authorization and release, prior to its execution, and that I am fully familiar with the contents thereof.

Date: _____

Church: _____

Print Name: _____

Signature: _____

Parent's Signature: _____
(If subject is a minor)