



Media Release Form

I hereby give my consent for the image and likeness of my child to be videotaped, audio taped, or photographed for the following uses:

- Educational/ Instructional media
- Recruitment/Outreach media
- Development media
- Newsworthy media documentation

I further authorize ENLACE and their component parts to use this electronic media and/or photographs in any manner-whole, or in part.

This waiver includes usage of this media in any way deemed appropriate, which may include electronic and photographic reproductions thereof for the production educational, instructional, promotional, or institutional advancement materials which support the educational and outreach activities of ENLACE.

I hereby waive any right I may have to inspect or approve any use of this electronic media and/or photographs and I release ENLACE and its component parts from all liability which could result from its use.

Participant's Name

Address

Telephone Number

Participant's Signature

(Required)

A parent or guardian must sign this form if the participant is a minor or if the participant is hindered by mental or physical challenges.

Parent/Guardian's Name

Parent/Guardian Signature

(Required)