



MEDIA RELEASE FORM

I hereby authorize Youth Stat, and any and all affiliated programs of Youth Stat, their employees and appointed agents the right to photograph, videotape, audiotape, duplicate and/or transfer to any present or future technology the likeness, image and identifying information, of my child, to be used for non-profit or any other legal purposes in any and all media, including but not limited to print, film, internet, web site(s), and audio. I waive any rights, claims, or interest I may have to control the use of my child's identity or likeness in whatever media used. I understand that there is no financial or other compensation for use of my child's image.

I understand that I may rescind this release by notifying Youth Stat in writing. Releases will be rescinded 30 days from the date of notification.

I agree to indemnify and hold harmless Youth Stat, and any and all affiliated programs of Youth Stat, their employees and appointed agents against any and all claims and liabilities whatsoever in connection with the above.

MINOR'S NAME: _____

PARENT/GUARDIAN'S NAME: _____

PARENT/GUARDIAN'S SIGNATURE: _____

DATE: _____