



MEDIA RELEASE FORM

Over 18 years of age

March 2009

I, _____ (print name) hereby give ICAH its photographers and others, my consent to use photographs, pictures, or other images of the person named above, in any manner and in all forms of media, now or later known, for promotional, educational, editorial, or any other lawful purpose. I understand and agree that ICAH, its photographers and others may use finished products containing the student's likeness without my prior inspection or approval. I understand that I will not be compensated in any way by ICAH for these materials.

Neither ICAH nor its photographers or any others may identify the student by name in any form of media in which his or her likeness appears as a result of the consent I have given here.

Printed Name of Youth Participant

Address: _____

Signature of Youth Participant

Phone: _____

Witness

Date: _____