



Media Release Form

Under 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.

_____	Address: _____
Printed Name of Youth Participant	_____
_____	Phone: _____
Signature of Youth Participant	
_____	Date: _____
Witness	

MEDIA RELEASE FORM- PARENT/GUARDIAN

I am the parent or legal guardian of _____, and I have the legal authority to sign this Permission to Use Photographs, which I have read and fully understand and accept. By signing this, I have read the media release statement at the top and agree to it.

_____	Address: _____
Printed Name of Parent/Legal Guardian	_____
_____	Phone: _____
Signature of Parent/Legal Guardian	
_____	Date: _____
Witness	