Media Consent and Release Form

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audio recordings of me in any and all of its publications, includi promotional materials, without compensation to me.					
I understand and agree that these materials will become the pro-	operty of the nonprofit organization and will not				
be returned. I hereby irrevocably authorize the organization to edit, alter, copy, exhibit, publish, or distribute these images and recordings for any lawful purpose.					
I waive any right to inspect or approve the finished product in w	hich my likeness appears.				
Participant Information					
Name of Participant:					
Email:					
Phone Number:					
Address:					
I am 18 years of age or older					
Parent/Guardian Consent (if under 18)				
Name of Parent/Guardian:					
Parent/Guardian Email:					
Participant Signature:					
Date:					
Parent/Guardian Signature (if under 18):					
- ,					
Date:					