**Media Consent and Release**

I, (print full name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am 18 years old or older. I have the legal right to give this Media Consent and Release for myself and any child (minor) named below.

I give permission to ETR and to others authorized by ETR to record the spoken words and/or image of myself and the child named below. I give permission to ETR and to others authorized by ETR to use my and the child’s recorded spoken words and/or image in any media format, including but not limited to:

1. Print

2. Film

3. Audio or videotape

4. Digital formats

I understand and agree that ETR and others authorized by ETR will own, may edit, store, retrieve and reproduce, and may permit the use of this media without pay to me or any child named below. I understand and agree that neither I nor any child named below will be compensated (paid) for uses that include (but are not limited to) educational, press, fundraising, or promotional activities and publications, including Internet publication.

I understand that permission to use my words and/or image and the words and/or image of any child) named below is voluntary.

I do \_\_\_\_ do not \_\_\_\_ agree to the use of the name of and information that I have provided about myself and any child named below with the use of my and the child’s recorded words and/or image. I release ETR, their officers, agents, employees, and contractors from any liability in connection with creating or using the media described above.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names and ages of children (minors), if any, for whom this consent is given: