



## Media Release Form

I hereby grant permission to Beatrice Mayes Institute to photograph/interview my child \_\_\_\_\_ . It is my understanding that this photograph/interview or portions thereof will be used for public view.

I agree to participate in this project without financial remuneration, and I understand that this releases Beatrice Mayes Institute, photographer/interviewer from any future claims as well as from the use of said photography/interview.

Name of Student \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_