

# ANGLeS Apollo 50 Challenge Media Release

Participant Name:

Program Name/Session:

***This form must be completed and returned to the team lead prior to the program start date.***



I hereby grant full permission to the ANGLeS Apollo 50 Challenge to prepare, record, use, reproduce, publish, distribute and exhibit my child's name, picture, portrait, likeness or voice, or any or all of them in or in connection with any medium, including, but not limited to, the production of web sites, still photography, motion picture film, television tape, film or sound track recording, scientific publication, or any other purpose the ANGLeS Apollo 50 Challenge deems appropriate.

I hereby waive all rights of privacy or compensation, which I may have in connection with the use of my child's name, picture, portrait, likeness or voice, or any or all of them in or in connection with said media, including, but not limited to, web sites, still photography, motion picture film, television tape, film or sound track recording, and any use to which the same of any material therein may be put, applied or adapted by the ANGLeS Apollo 50 Challenge.

This consent and waiver will not be made the basis of a future claim of any kind against the ANGLeS Apollo 50 Challenge and any of its agencies.

Signature of Parent/Legal Guardian

Date

Print Name

## PLEASE RETURN TO YOUR TEAM LEAD:

Name of Program:

Team Lead:

Team Lead Phone:

Team Lead Fax:

Team Lead Mailing Address: