



Media Participant Release

I hereby authorize Northeast Foundation for Children of Turners Falls, Massachusetts, its licensees and assigns, to record my child's voice and image (in photography, videography, or any other form of media yet to be developed), to edit the video recording into a program, and to use these still and video recordings in any manner or media whatsoever, including unrestricted use for purposes of training, research, publicity, advertising, sales promotion, and distribution in connection thereto. I further acknowledge that Northeast Foundation for Children owns all rights to the aforementioned recordings.

Parent/Guardian's name: _____

Student's name: _____

Date: _____

Parent/Guardian's phone: _____