

Media Release Form

Participants Name:
Organization:
I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or videotapes of the Participant named above by the A. Scott Foundation. I also grant the right to edit, use, and reuse said products for non- profit purposes including use in print, on the Internet, and all other forms of media. I also hereby release the A. Scott Foundation and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.
Signature of Parent/Guardian (if Participant is under 18): Date:
Date:Address of Parent/Guardian:
OR
Signature of Participant (if 18 or over):
Date:Address of Participant: