



## **Media Release Form**

Name of minor child \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of parent/guardian \_\_\_\_\_

Phone number of parent/guardians \_\_\_\_\_

### **Medical Consent and Liability Release**

I, the undersigned parent or legal guardian of \_\_\_\_\_, hereby grant permission to Community Coalition Alliance to take, edit, use, and distribute photographs, video, and audio recordings of my child in any lawful media, including print, internet, and digital platforms, for promotional, educational, and/or advocacy purposes, in perpetuity.

I waive any claim to compensation and release Community Coalition Alliance from any liability arising from the use of this media, including but not limited to claims of defamation, invasion of privacy, or violation of the right of publicity. I understand that I will not receive any payment or compensation for this use.

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

\_\_\_\_\_  
Date

## **STUDENT ENTRY FORM**

Student Name: \_\_\_\_\_  
Age: \_\_\_\_\_

