

Summer Learning Media Toolkit

School's Out Washington | (206) 323-2396 | www.schoolsoutwashington.org

Template Personal Release for Spokesperson

I, ______(PRINT NAME), hereby grant (ORGANIZATION) permission to use my likeness, voice, picture, and name for commercial and non-commercial print, radio, or televised broadcast, or electronic uses anywhere throughout the United States and the world to edit such material on film or videotape for these purposes without restriction and without my inspection or approval. I acknowledge that participation in this project is voluntary.

I hereby attest that I have read and agree to the above statement on this _day of (MONTH) _____, (YEAR).

_____ (SIGNATURE)

_____ (PRINT NAME)

_____ (STREET ADDRESS)

_____ (CITY, STATE, ZIP CODE)

Signature of parent or guardian is required if person is under 18.

_____ (PARENT SIGNATURE)

(PRINT PARENT'S NAME)

* * * * * *

Contact Danielle Baer, School's Out Washington's Communications & Grants Manager, with any questions at (206) 323-2396 or dbaer@schoolsoutwashington.org.