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MEDIA RELEASE FORM

I, _____ (**PRINT** self or parent/guardian name), hereby authorize the Catskill Hudson Area Health Education Center (Catskill Hudson AHEC) to photograph, videotape and/or interview or permit others to photograph, videotape and/or interview _____ (**PRINT** self or child/dependent's name). My name or the child's name (referenced above), photos, video clips, and/or interview content can be used in media releases (print, radio, internet, or television) or on the Catskill Hudson AHEC website, display boards, brochures, newsletters and other promotional/educational materials in support of the Catskill Hudson AHEC mission.

Print Name (use parent/guardian name if person under 18 years old)

Signature (use parent/guardian signature if person under 18 years old)

Date