

NOTE: This completed form is required in order to attend the Dissemination Event for 2014. After completion, please Print and Fax to Jennifer Quick, 620-768-2917.

Media Release Form

I, the undersigned, do hereby consent and agree that **Strategies, Opportunities and Services to Out-of-School Youth (SOSOSY)** its employees, or agents have the right to take photographs, videotape, or digital recordings to use these in any and all media, now or hereafter known, and exclusively for educational purposes related to SOSOSY. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to **SOSOSY** its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration.

I represent that I have read and understand the foregoing statement, and am competent to execute this agreement.

Note: All Fields are required as well as your handwritten signature.

Name: _____ Date: _____

Address: _____

Phone: _____

Signature: _____

Parent (if underage): _____

Signature: _____