

Media Release Form

Alaska Injury Prevention Center
3701 East Tudor, Suite 105
Anchorage, AK 99508
907-929-3939

We need student and parent permission to use a person's photograph, voice, and/or name in various media projects. Please read the following, then date and sign where indicated. Thank you.

For and in consideration of the opportunity and privilege of appearing in or participating in one or more video or audio recordings, sound tracks, films, photographs, or written articles, I hereby consent to the use and editing thereof and release the Anchorage School District and its employees and assignees from any and claims resulting from such use and editing in District media, and use, sale, editing and release to the newspapers, radio and television stations; and use on the Internet.

Event/Activity: Reality Media Awards

Signature of Participate: _____ Dated: _____
The above consent and release is hereby ratified and approved.

Parent or Legal Guardian: _____ Dated: _____
Parent or legal guardian signature is required if the participant is under 19 years of age.