



STUDENT MEDIA CONSENT & RELEASE

STUDENT NAME:

CLASS OF:

ADDRESS:

CITY, STATE, ZIP:

DATE:

I, as the parent or guardian of the above-listed child hereby give Breakthrough of Greater Philadelphia and its employees, representatives, and authorized media organizations permission to print, photograph, and record my child for use in audio, video, film, or any other electronic, digital and printed media.

a. This is with the understanding that neither Breakthrough of Greater Philadelphia nor its representatives will reproduce said photograph, interview, or likeness for any commercial value or receive monetary gain for use of any reproduction/broadcast of said photograph or likeness. I am also fully aware that I will not receive monetary compensation for my child's participation.

b. I further release and relieve Breakthrough of Greater Philadelphia, its Board of Directors, employees, and other representatives from any liabilities, known or unknown, arising out of the use of this material.

This form will be in effect unless I rescind permission in writing to the Director of Academic Programs at the Breakthrough of Greater Philadelphia office

STUDENT'S AGREEMENT

I, _____ (Student's Name), have read and understood the terms and conditions of this media release form.

Client's Signature over Printed Name