

Children's Services of Roxbury Media Release Form

I, the undersigned, do hereby grant permission to Children's Services of Roxbury (CSR) the rights of my and/or my child(ren)'s story, image, video, likeness, and sound of my voice as recorded on audio or video, hereinafter referred to as *media*.

I hereby grant non-revocable permission to CSR to display, publish, distribute, use, copy and/or print, edit, my *media* for CSR and its permitted stakeholders use, including without limitation; publications; advertisements; brochures; web site images; social media; or other electronic and print displays and transmissions.

I waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my *media*.

I hereby release CSR, its representatives, employees, managers, members, officers, parent companies, subsidiaries, and directors, from all claims and demands arising out of or in connection with any use of said *media*, including, without limitation, all claims for invasion of privacy, infringement of my right of publicity, defamation and any other personal and/or property rights. I acknowledge and agree that no sums whatsoever will be due to me because of the use and/or exploitation of the media or any rights therein.

Name:				
Contact (phone/emai	I):			
Signature:			Date:	
agreements. According will not contest the right	gly, I have read this R nts granted in this Rel	ers-old and lacks the legal of elease and consent to my ease, and shall assist and s t, should you choose to have	child's inclusion in the support you in any ar	e media nd all legal
Child's Name (s):				
Child's Age (s):				
Parent/Guardian Cor	tact (phone/email):			
Date:		_		
Parent/Guardia	n (please print)	Parent/Gus	ardian (please sign)	
	. ,		,	
Effective from	(month)	(year) through	(month)	(year)