EAST ALLEN COUNTY SCHOOLS

TELEVISION RELEASE FOR MINORS

DATE _____

I, the undersigned, _____,
(name)

for my minor son or minor daughter,

_____,
(name)

hereby, consent and authorize East Allen County Schools, its successors, legal representatives and assigns, 1240 State Road 930 East, New Haven, Indiana, to use and reproduce the name, voice, and likeness for television as recorded of my son or daughter taken on _____
(date)
and broadcast the same or any part thereof for any and all purposes. I hereby acknowledge that no further claim of any nature whatsoever will be made by me or by others in my behalf. No representations have been made to me.

_____
NAME

_____
ADDRESS

_____
WITNESS

_____
ADDRESS

Tape, Title, Recording Description, or Commercial Number

EACS Im-10 6/99(R)