



Public Media Release Form

Name of participant _____
Last *First*

Name of Parent or Guardian _____
If participant is 17 years old or younger

Address _____

City _____ State _____ ZIP _____

Telephone _____
Landline *Cell Phone*

The signature below signifies that you are aware and agree that you or your child’s photograph, name and video image may be used in the public media. Please sign and indicate YES or NO for **each** choice. These media forms include but are not limited to:

Newspaper: Yes No

AAUW Amador promotional materials
and/or newsletter, *Gold Filings*: Yes No

AAUW Amador website, <http://amador-ca.aauw.net>: . Yes No

Television: Yes No

Radio: Yes No

Video images: Yes No

I, _____ do hereby consent to the above
Participant or parent/guardian statement as indicated.

Date: _____