STARS Program Media Release Form

I, the undersigned, hereby authorize PISCES STARS Program staff/facilitators to photograph, take video, and/or make electronic sound recordings of me (herein referred to as photographic or electronic reproductions).

I authorize the use of any such photographic or electronic reproductions of me for the purpose of, but not limited to, educational, promotional and other public media as may be deemed appropriate by PISCES and STARS Program partners. I understand that I may be identifiable in such photographic or electronic reproductions.

Agreed and accepted by:

__________________________________________  ____________
Name of Applicant (print)  Date

__________________________________________  ____________
Signature of Applicant  Date

PARENTAL CONSENT

I, the undersigned, certify that I am the legal parent or guardian of the individual above, a minor under the age of eighteen years of age. I hereby agree to assume legal responsibility for his/her authorizations referred to in this Media Release.

__________________________________________  ____________
Signature of Applicant’s Parent/Guardian  Date