



## Media Release for Minors

I, being Parent/Guardian of \_\_\_\_\_, hereby consent that the name, image, and likeness, as shown in the video-tapes, photographs, motion picture film, and/or electronic images for which she posed, and/or audio recordings made of their voice or quotations by them may be used by the **Montessori School on Edgewood (MSOE)** and their assigns or successors to promote **MSOE** by means that include print, television, and web; furthermore, I hereby consent that such photographs, films, recordings, electronic images, and the plates, tapes, and/or software from which they are made shall be their sole property, and they shall have the right to duplicate, reproduce, and make other uses of such photographs, films, recordings, electronic images, plates, tapes, and software free and clear of any claim whatsoever on my part. IN WITNESS WHEREOF I have hereunto set my hand, in the **State of Connecticut**.

DATE \_\_\_\_\_

MINOR-NAME \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

## Media Release for Adults

I, being of legal age, hereby consent that the name, image, and likeness, as shown in the video-tapes, photographs, motion picture film, and/or electronic images for which she posed, and/or audio recordings made of their voice or quotations by them may be used by the **Montessori School on Edgewood (MSOE)** and their assigns or successors to promote **MSOE** by means that include print, television, and web; furthermore, I hereby consent that such photographs, films, recordings, electronic images, and the plates, tapes, and/or software from which they are made shall be their sole property, and they shall have the right to duplicate, reproduce, and make other uses of such photographs, films, recordings, electronic images, plates, tapes, and software free and clear of any claim whatsoever on my part. IN WITNESS WHEREOF I have hereunto set my hand, in the **State of Connecticut**.

DATE \_\_\_\_\_

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_