



## PHOTO/MEDIA RELEASE FORM

I \_\_\_\_\_ grant to  
(please print participants name here)

VSA Minnesota, their respective directors, officers, employees, successors, assigns and agents (including but not limited to photographers, advertising agents, audio and video technicians and recorders), authorization to reproduce my physical likeness, voice and/or words in video, television, radio, film newspapers, magazines and other media.

\_\_\_\_\_  
signature

\_\_\_\_\_  
date

\_\_\_\_\_  
signature of parent or guardian (if under 18)

\_\_\_\_\_  
name of participant's school

If signed and dated below, I also authorize that samples of my music, writing or visual artwork may be recorded, read or photographed for use by VSA Minnesota in newsletters, radio, television or newspaper/magazine features.

\_\_\_\_\_  
signature

\_\_\_\_\_  
date

\_\_\_\_\_  
signature of parent or guardian (if under 18)