

Media Release Form

I hereby agree to allow my son or daughter, or child for whom I am the legal guardian, named below, to participate in the Learning Gardens training field day and to be interviewed and/or photographed and/or videotaped for educational and/or promotional or news documents about City Parks Foundation and its programs.

I understand that I will not own rights to the resulting text, photography or video, or any benefits derived therefrom. I agree to the use of my daughter's/son's/legal guardian's image, name, and/or voice by City Parks Foundation or media companies discussing City Parks Foundation programs and waive rights to fees associated with such use.

Name of your child for which you are the legal guardian (please print):

Your signature:

Your name (please print):

Date:

Phone:

Email:
