

ELIEMENTAL MEDIA RELEASE FORM

I, the undersigned, hereby authorize The Eliemental Project to photograph me, take motion pictures of me, take video footage of me, 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 any purpose, including, but not limited to educational and other public media as may be deemed appropriate by The Eliemental Project

(I understand that I may be identifiable from such photographic or electronic reproduction)

Agreed and accepted by:

Print Full Name: _____

Title (Circle As Appropriate) Mrs Miss Ms Mr Dr

Address: _____

City: _____

Post Code: _____

Phone Number: _____

Signature: _____ Date: _____

I am signing this form as an individual: Yes No

I am signing this form as a representative of a group, and have full authority to grant release for this group:

Yes No

Name of group _____

PARENTAL CONSENT

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

_____ Signature of Applicant's Parent/Guardian

_____ Address of Parent/Guardian (if different)

_____ Post Code

_____ Date

_____ Phone Number (if different)