

# Media Release Form

I hereby give my permission for the Austin Wade Foundation and/or its representatives to use the photographs, audio tape record or videotape of my child or myself and to use our names, these images or voice recordings in publications, slides, videotapes, motion pictures, or on the internet.

I understand these visual images or voice recordings will be used to inform families, volunteers, the media and general public about the Austin Wade Foundation programs, services, events, and miscellaneous activities.

I gladly give this authorization to support the efforts of the Austin Wade Foundation. I understand this authorization shall continue until terminated in writing.

Child's Name : \_\_\_\_\_

Address : \_\_\_\_\_

City/State/Zip : \_\_\_\_\_

Telephone Number : \_\_\_\_\_

Parent(s) Signature : \_\_\_\_\_ Date : \_\_\_\_\_

\_\_\_\_\_ Date : \_\_\_\_\_

(\*Signature not require to receive assistance.)

**~ NO ONE FIGHTS ALONE ~**