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## Media Recording Release Form

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I, the undersigned, do hereby consent and agree that Sagamore Student Leadership Initiative, Inc. (SSLI), its employees, or agents, have the right to take photographs, videotape, or digital recordings of my child and to use these in any and all media, now or hereafter known, and exclusively for the purpose of promoting or making known programs, projects, services, events or other SSLI activities. I further consent that his or her name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to Sagamore Student Leadership Initiative, Inc., its agents, and employees, all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Student Name: \_\_\_\_\_  
(printed name)

Address: \_\_\_\_\_  
(street) (city) (state) (zip code)

Phone: \_\_\_\_\_ (please circle) cell, home, or office

Signature: \_\_\_\_\_  
(student signature)

Signature: \_\_\_\_\_  
(parent/guardian signature)

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