

MEDIA CONSENT FORM AND RELEASE FOR MINOR CHILDREN

I am the parent/guardian of _____ (print full name of child) (“My Child”). I grant the Illinois Association for Gifted Children (the “IAGC”) and its agents and assigns the right to record My Child’s appearance and participation on digital recordings, videotape, audiotape, film, photograph or any other medium and to use, publish, reproduce, modify, distribute, and publicly exhibit without limitation for educational, advocacy, promotional and marketing materials to be used by the IAGC, television networks, social media, and on websites, including but not limited to the IAGC’s website, iTunes, and the IAGC’s page on YouTube, such recordings, in whole or in part, without restrictions or limitation for any purpose that the IAGC in its sole discretion deems appropriate. I further consent to the IAGC’s use of My Child’s name, likeness, voice, and identifying information in connection with such recordings.

I release the IAGC, its successors and assigns, its agents, and all persons for whom it is acting from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the recording process, or any misspellings or inaccuracies, and I waive any right that I/My Child may have to inspect, approve, own, or control the finished recordings.

I represent that I am at least eighteen (18) years of age and am fully competent to sign this Release.

THIS IS A RELEASE OF LEGAL RIGHTS. READ IT CAREFULLY AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING. PLEASE CHECK ONE OF THE BOXES BELOW THEN SIGN YOUR NAME(S)

CONSENT: We/I hereby certify that We/I are/am the parent(s) or guardian(s) of the above named child and do hereby give our/my consent without reservation to the foregoing on behalf of My Child.

NON-CONSENT: We/I hereby certify that We/I are/am the parent(s) or guardian(s) of the above named child and do not hereby give our/my consent without reservation to the foregoing on behalf of My Child.

(Parent/Guardian’s Signature) (Date)

(Parent/Guardian’s Printed Name)

(Primary Phone Number)