



# MEDIA RELEASE FORM

## Instructions

Please complete this release form giving permission to photograph, film or videotape your participation in the Euro Challenge. Please send the original copy of this release to your regional coordinator. For more information please contact Ethan Goebel at [egoebel@wise-ny.org](mailto:egoebel@wise-ny.org) or (212) 421-2700.

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**Name of Faculty Advisor (please print legibly)**

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**School**

**City/Town**

**State**

I, \_\_\_\_\_, hereby consent and agree to the taking of  
**Print your name and name of Parent/Guardian (if under 18 years of age)**

photographs, movies or videotapes by Working in Support of Education (w!se), The European Union Delegation to the United States (Delegation), their partner organizations, and the above parties' agents and employees as it relates to the Euro Challenge.

I also grant to w!se the right to edit, use and reuse said products for public relations to create awareness of the Euro Challenge. I further consent and agree that my name and/or my child's name may be revealed therein or by descriptive text or commentary.

I also hereby release w!se, the Delegation, their partner organizations, and the above parties' agents and employees, from all claims, demands and liabilities whatsoever in connection with the above.

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**Your signature or signature of parent/guardian (If under 18 years of age)**

**Date**

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**Street Address**

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**City**

**State**

**Zip Code**

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**Home phone number (including area code)**

**Cell phone number (including area code)**