SINORMS Academy PROGRAM
Minor (Child) Agreement Form

MEDIA RELEASE FORM

I, ___________________________, the parent/legal guardian of _________________________ (Child/Ward), grant BUF of Michigan, NEDO and Wayne State University permission to use my child’s image in photographs, video tapes or digital recordings in any and all media, now and hereafter known, and exclusively for the purpose of SINORMS’ marketing and communication efforts. I further consent that my child’s name and identity may be revealed therein or by descriptive text or commentary. I do hereby release to BUF of Michigan, NEDO and Wayne State University, its agents or employees all rights to exhibit this work in print and electronic form publicly or privately and to market copies. I waive any rights, claims, or interest I may have to control the use of my child’s identity or likeness in whatever media used. I understand there will be no financial or other remuneration for recording my child, either for initial or subsequent transmission or playback. I also understand there is not responsible for any expense or liability incurred as a result of my child’s participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

DISCLAIMER OF LIABILITY

BUF of Michigan, NEDO and Wayne State University and its staff do not assume liability for any injuries incurred while at Wayne State University. I do hereby agree to hold BUF of Michigan and its employees harmless from any liability, claims, losses and damages directory or indirectly arising from my child’s/ward’s participation in the SINORMS program. I acknowledge that I have been informed of the nature and activities involved in the program, and I am aware of the risks involved in participation in the program.

I the undersigned, being a parent or guardian of the minor ______________________________, hereby consent to the foregoing conditions and warrant that I have the authority to give consent.

Signature of Parent/Guardian Signature ________________________________ Date: __________
Print Parent/Guardian ___________________________________ Phone _________________
Email Address:__________________________________________