

# Supportive Housing Association & Create Films

## Media Release for Parent of Minor

I, \_\_\_\_\_, am the parent/guardian/legal representative of  
( *Please print your name* )

\_\_\_\_\_ and do hereby give permission  
( *Please print name of child* )

for him/her (hereinafter "Minor") to be photographed and/or videotaped by Supportive Housing Association Create Films and Tacoma Pierce County Health Department or its representatives.

I understand and agree that the photographs and/or video containing the image and/or voice of the Minor may be used in the production of instructional and/or promotional materials produced during film classes taught by Supportive Housing Association Create Films staff by or on behalf of Supportive Housing Association Create Films and Tacoma Pierce County Health Department (hereinafter the "Program") and that such materials may be distributed or broadcast to the public and displayed publicly.

I also understand that my permission to use the photographs and videotapes is for an unlimited duration and that neither I nor the Minor will receive any compensation for granting this permission or for the use, if any, by Supportive Housing Association Create Films and Tacoma Pierce County Health Department of the Minor's image and/or voice.

I acknowledge that Supportive Housing Association Create Films and Tacoma Pierce County Health Department has no obligation to use the Minor's image or voice in connection with the Program. I hereby unconditionally release Supportive Housing Association Create Films and Tacoma Pierce County Health Department its representatives from any and all claims and demands arising out of the activities authorized under the terms of this agreement. I have read the foregoing agreement and am familiar with all of the terms and conditions thereof and I consent for the Minor to participate fully in this activity. I agree that neither I nor the Minor will revoke or disaffirm this agreement at any time.

Signature of Parent/Guardian/Legal Representative of Minor:

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date Signed