

Media Release Form

I hereby authorize and irrevocably grant to the Children's Defense Fund and its affiliates, licensees, agents and assigns the unrestricted right to use and publish any part of the information I have given to the Children's Defense Fund and the right to record my name, voice, appearance, likeness, and comments on film, videotape, audiotape, still photographs, print and any other media now known or hereafter invented. I acknowledge that the Children's Defense Fund shall own all right, title and interest in and to this media. I further agree that the Children's Defense Fund may use all or parts of this media release for any and all publications, exhibitions, public displays, editorials, advertising or other purposes.

I waive any inspection or approval of the media or any advertising or publicity in which my name, voice, appearance, likeness, narrative or comments might appear. I expressly release and agree to hold harmless the Children's Defense Fund and its agents, employees, licensees and assigns from and against any and all claims including, but not limited to, invasion of privacy that I might ever have in any way relating to my interview or its use.

Date: 4/21/15

Signature: Carmelita Miguel
(Student)

Print Name: Carmelita Miguel
(Student)

Signature: Liliana Miguel
(Parent or Legal Guardian)

very good Post approved
AMZ

Print Name: Liliana Miguel
(Parent or Legal Guardian)

Address: 215 E 11st Pomona
Ca 91766

Phone #: 909644-3852

Email: Carmen.miguel36@gmail.com
(Student)

