

Media Release Form

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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: 4-22-15

Signature: _____

(Student)

Print Name: _____

(Student)

Signature: _____

(Parent or Legal Guardian)

Print Name: _____

(Parent or Legal Guardian)

Address: _____

3333 E. Olympic Blvd.

Apt #316 LA, CA 90023

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(Student)

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