



All Children Thrive
California

All Children Thrive Photo/Audio/Video Release Form

I, hereby authorize **All Children Thrive (ACT or A.C.T.)**, their assigns, licensees and legal representatives;

_____ - (a) Permission to interview, film, photograph, tape, or otherwise make a video reproduction of me and/or record my voice. Permission to use quotes from the interview(s) (or excerpts of such quotes), the film, photograph(s), tape(s) or reproduction(s) of me, and/or recording of my voice, in part or in whole, in its publications, in newspapers, magazines and other print media, on television, radio and electronic media (including the Internet), in theatrical media and/or in mailings; and

_____ - (b) Permission to identify me by name.

I understand that I may revoke this authorization, provided that I make the request for revocation in writing to ACT. I hereby waive any right to inspect or approve the finished product that may be created in connection therewith. I have read this release, and fully understand its contents.

PRINTED NAME

SIGNATURE

DATE

The below signed parent or legal guardian of the above-named minor child hereby consents to and gives permission to the above on behalf of such minor child.

PRINTED NAME OF PARENT/LEGAL GUARDIAN FOR MINOR (under 18yrs)

SIGNATURE

DATE