

*The Legacy Program:* RESIDENCY  
Media Release Form



CYCLE (6) SIX

Date: \_\_\_\_\_

Child Last Name: \_\_\_\_\_

Child First Name: \_\_\_\_\_

DOB: \_\_\_\_\_

---

**PARENTAL AUTHORIZATION FOR PHOTOGRAPHS/VIDEO:**

I hereby grant permission to the Continuum Project, Inc.(the “CP”) to obtain video images and/or photographs of my child for use by the CP or any of its sponsors, now or in the future, in brochures, exhibits and any publicity, in any medium, which will be viewed by:

1. Public audiences reached by newspapers, magazines, television and any other media.
2. General audiences to whom the mission and vision of CP is of interest.
3. Professionals in related fields.

I understand and agree that neither my child nor I will be entitled to any compensation from the CP or its sponsors or anyone associated with the CP now or at any time in the future with respect to the use of the videotapes and/or photographs, nor will there be any approval or inspection of the images or their use. In addition, I grant the CP permission to contact my child via their personal email account.

I understand and acknowledge that my child’s name and hometown may be used by the news media.

Signed: \_\_\_\_\_  
(Parent or Guardian)

Date: \_\_\_\_\_