

*The Legacy Program:* RESIDENCY  
Media Release Form



CYCLE (5) FIVE

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

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

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

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

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**PARENTAL CONSENT:**

I, \_\_\_\_\_, give permission for photographs, audio and/or video to be taken of my child's participation in The Continuum Project, Inc.'s Legacy Program. I understand that my child's likeness may be used in The Continuum Project, Inc.'s promotion and branding materials (print, internet, video, etc.) for The Legacy Program and other official Continuum Project, Inc. endeavors.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date