

The Legacy Program: RESIDENCY
Media Release Form



CYCLE (3) THREE

Date: _____

Child Last Name: _____

Child First Name: _____

DOB: _____

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