



MEDIA RELEASE FORM

Instructions

Please complete this release form giving permission to photograph, film or videotape your participation in the Euro Challenge. Please send the original copy of this Release Form to Working In Support of Education, 227 East 56th Street, Suite 201, New York, NY 10022. For information call Brian Scios at **212.421.2700** or email bscios@wise-ny.org.

Name of Faculty Advisor (please type or print legibly)

School

City/County

State

I, _____, hereby consent and agree to the taking of
Print your name and School/County/State

photographs, movies or videotapes by Working In Support of Education (wise), The Delegation of the European Commission, their partner organizations, and the above parties' agents and employees as it relates to the Euro Challenge.

I also grant to wise, the right to edit, use and reuse said products for public relations to create awareness of the Euro Challenge. I further consent and agree that my name and/or my child's name may be revealed therein or by descriptive text or commentary.

I also hereby release wise, The Delegation of the European Commission, their partner organizations, and the above parties' agents and employees, from all claims, demands, liabilities whatsoever in connection with the above.

Signature of _____

Date

Address

City

State

Zip Code

Home area code and telephone number

Cell area code and telephone number