



East Harlem Tutorial Program

MEDIA RELEASE FORM

By signing below I, Mr./Mrs./Ms. _____ authorize East Harlem Tutorial Program to photograph and/or record me and my family (list names below) for use in any EHTP materials.

I understand the photos/videos are for informational and promotional use only. I understand that I will not be compensated for any photos/video taken or used. I understand the photos may be used throughout the country and internationally. I release the agency from responsibility should a third party violate the terms of this release.

Child 1 Name

Child 2 Name

Child 3 Name

Child 4 Name

Print Name (parent)

Parent Signature

Date