



6550 W. Forest Home Ave. Milwaukee, WI 53220 (414) 241.2465 www.gabnow.org follow us: @gabnoworg

STATEMENT OF PERMISSION AND RELEASE OF LIABILITY FORM
Media Release Form

Child's Name (Please Print) _____

Home Phone Number: _____ Cell Number: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____

Organization Name: **Generations Against Bullying** Grade Level: _____ Age: _____

Event description: All Generations Against Bullying events, functions, field trips and competitions held on school grounds or away from the building are included in this media release form.

I understand, as parent/legal guardian of the above-named child, that there are times when the local media requests the opportunity to video-tape, take photographs and/or interview children within the GAB organization. These requests usually involve news stories about GAB in general and or current events happening in the area.

I further understand that should my child participate in any of the above activities, it would be on a voluntary basis and that no monetary benefits will be provided to me.

As parent/legal guardian, I agree to release and forever discharge Greendale Against Bullying and their directors, officers, agents, employees and volunteers from any and all liability claims or demands that may arise out of or in connection with any accident, illness, injury or other consequence or event arising from my child's participation in this program.

I hereby grant the various media operations the ownership of and the right to use, publish and copyright my child's picture, portrait and likeness in advertising, promoting and publicizing the above-mentioned activities in any manner or form throughout the world in perpetuity.

Parent's/Legal Guardian's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

