



MEDIA RELEASE FORM

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I release Childcare Resources, its affiliates, authorized agents and the employees and officers of each, from any and all claims arising out of the use of my name, signature, picture, likeness, voice and biographical information.

Name (printed)

Street Address

Signature

City, State, Zip

Date

If the person is a minor, his/her guardian provides consent by signing below.

Guardian's Name (printed)

Signature

Date