



PARENTAL RELEASE: MEDIA INTERVIEW (only use first name & age)

I acknowledge that my child _____ has participated or will participate in a media interview conducted or to be conducted by Springtide Research Institute for Religion and Young People (“Springtide”), on _____, 20___. I acknowledge that my child’s participation in this media interview may include the preparation of recorded audio and audiovisual interviews of them.

I hereby consent to the worldwide reproduction, distribution, performance, transmission, broadcast, display and other use of portions of the audio and audiovisual recordings of such interviews by Springtide Research Institute, for the purpose of illustrating the research findings of Springtide Research Institute and demonstrating and promoting the research services offered by Springtide Research Institute, and I waive and release any claims which I may have relating to or arising out of such use.

My child’s age and first name may be used in any recordings of interviews of them, but this Release is expressly conditioned on the restriction that their last name/surname, the location where they reside, and the name and location of their place of employment and any school which they attend not appear in or be used in any such recordings, and that, except for the use of their age and first name, they remain anonymous or be identified only by a pseudonym. I acknowledge that their appearance and voice will not be altered, and that persons who know them may recognize them by appearance, voice, or other personal features or characteristics.

This Release shall inure to the benefit of and be binding on me and my heirs and legal representatives.

I have read this Release in its entirety, and I have signed this Release voluntary.

Each of the undersigned represents that he or she is the parent or guardian of _____, who is _____ years of age. As parent or guardian, the undersigned hereby approves of and consents and agrees to the foregoing.

Please complete the fields below:

Child’s Name:

First

Last

Child’s Contact Information, if different than Parent/Guardian signing this form:

Address

City, State, Zip

Phone



PARENTAL RELEASE: MEDIA INTERVIEW (only use first name & age)

Parent's Name:

First

Last

Parent's Contact Information:

Address

City, State, Zip

Phone

Date: _____

(Parent or Guardian Signature*)

**The parties agree that this agreement may be electronically signed. The parties agree that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity enforceability and admissibility.*