



Photo/Image/Video Release and Consent

I give to Breathe California Sacramento Region, its nominees, agents and assigns, unlimited permission to use, publish and republish for purpose of education, advertising trade, or any other lawful use, information about me and reproductions of my likeness (photographic or otherwise) and my voice, whether or not related to any affiliation with Breathe California Sacramento Region, with or without my name.

Name of person to be photographed or recorded (Please Print)

Street address

City, State and Zip code

Student Signature

____/____/____
Date

Consent of parent or legal guardian if above individual is the minor.

I hereby give my child, _____, permission to participate in the 2022 Breathe Youth Media Awards PSA Contest. I release and hold harmless Breathe California Sacramento Region, its employees and constituents from all liability involved from my son/daughter participating in this project and subsequent project activities.

Parent/Guardian(s) (please print) _____

Parent/Guardian(s)' Signature(s) _____

Phone number where at least one Parent/Guardian can be reached: _ (____) _____ - _____

Please contact smokefreesac@gmail.com for general questions.