

Parent/Guardian Media Permission Form (Only for participants under the age of 18)

Name of Parent/Leg	jal Guardian:			
Name of Child/Ward	d:			
Date of Birth:				
Street Address: City:				
City:	State:	Zip:		
Cell Phone:	Ho	ome Phone:		_
Teacher's Name: <u>Ra</u> Teacher's Email: <u>rpa</u> School or Organizat	arris@dadeschoo			<u>43-9306</u>
video recordings pro newspapers, magaz	mission for Mone h, and display n ovided by my ch zines, television, vorldwide and th	ey Movez: Coo ny child's name hild in all media , radio, and we	ok or Be Cooked e, photograph, a a, including but r bsites. I underst	to use, reproduce, and any information o
I understand that in Movez: Cook or Be and its agents and e defamation, or misa child in this permitte	Cooked and find employees from appropriation aris	nancial literacy in any claims of i	initiatives. I relea infringement, inv	ase Money Movez
Signature of Parent	/Legal Guardian	ı:		
Date:				