



Savannah Center for Blind and Low Vision

MEDIA RELEASE CONSENT FORM

I, _____, give my permission to use
(print parent/guardian name)

(student/client name)

audio

print

video

other _____

photograph

for publicity or educational purposes by Savannah CBLV. I understand that all materials will remain the property of Savannah CBLV, and I am not entitled to any compensation or payment for their use.

This consent is valid from _____ to _____. Beyond the date noted, a new consent must be obtained for continued use of media.

Date: _____

Signature: _____
(parent/guardian signature required for minor)

Address: _____

(city, state, zip)

Phone: _____

Witness: _____

Rev. 2/2018