

## **Media Release Form**

I hereby consent to the use of artistic works, quotes, photographs and personal stories by NAMI New Jersey. I also grant the right to edit, use, and reuse said products for non-profit purposes including use in print and electronic format. I also hereby release NAMI New Jersey and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Agreed and accepted by:		
Full Name		
Street Address		
City, State, Zip		
Phone Number		
Signature of Participant	 Date	
PARENTAL CONSENT		
I certify that I am the parent or guardian of the minor under the age of eighteen years. I hereb authorizations referred to in this Media Releas	y agree to assume lega	
Signature of Participant's Parent/Guardian	Date	
Address of Parent/Guardian (if different)		
Phone Number (if different)		