AB Christian Learning Center Media Release Form

I	(I	Parent/Guardian's	Name),	hereby
authorize and irrevocab	ly grant permission to AB Chr	ristian Learning Ce	nter and its	partner
organizations, the unrest	ricted right to use and publish ar	ny part of information	on that I hav	ve given
to ABCLC and the right	to film, videotape, audiotape, still	photographs, print	and any other	er media
of my (child or childr	en)		I ackn	owledge
that ABCLC shall own a	all right, title and interest in and to	this media. I furthe	r agree that	ABCLC
may cause all or parts of	of this media to be used for any a	and all publications	, exhibitions	s, public
displays, editorials, adve	rtising or other purposes.			
I waive any inspection of	or approval of the media or any ac	dvertising or publicity	ity in which	my (child
or children) name, voic	e, appearance, likeness, narrative	, or comments mig	ht appear. 1	expressly
release and agree to hold	harmless ABCLC and its agents, of	employees, licensee	s and assign	s from and
against any and all claim	as including, but not limited to, inv	vasion of privacy th	at I might ev	ver have in
any way relating to med	ia materials or its use.			
Print Name				
Signature		Date		