



# CISV

## Media RELEASE FORM

I **do/do not** (please circle all applicable) give permission for CISV International, its member National Associations, and their Chapters (i.e. CISV-Maine) to use and to publish **my/my child's** photograph, artwork, written work and/or to use and publish any video, photos and audiotape of **mine/my child**. I understand that CISV International, its' National Associations and its' Chapters may use these photos, videotape and other materials in production of educational or promotional materials including web pages and facebook.

**Print Name of Youth:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Printed Name of Individual/Parent:** \_\_\_\_\_

**Signature of Individual/Parent:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Email:** \_\_\_\_\_