

## ACT-SO MEDIA RELEASE FORM

Event: DuPage County ACT-SO Competition and Awards Banquet	
Γaping/photographing location: College of DuPage and Banquet Facility	
<b>Γaping/photographing date</b> : March 15, 2015	
, hereby give permission to use my name, ikeness, pictures, video, and/or voice in connection with the ACT-SO Competition for proadcast, duplication, distribution, and any subsidiary recruitment or educational purposes whatsoever in perpetuity.	
The forgoing consent is granted with the understanding that DuPage County ACT-SO has sole discretion to edit the video recording or photograph of my appearance as they see fit for incorporation in the program, and I specifically waive any rights to compensation I may have with respect to such use of my name, likeness, pictures and/or voice.	
Signature:	
Address:	
City, State, Zip:	
Phone:	
Signature of Parent or Guardian	