



Media Release Form

Event Date

Volunteer's First Name

Last Name

**First Name of Parent or
Legal Guardian (if a minor)**

Last Name

Phone

Email

Street Address

City

State

Zip Code

Signed Media and Information Release

I give to the Friends of Kenilworth Aquatic Gardens, its assigns, nominees and agents unlimited permission to use, publish, republish and share with media, partners and sponsors, information about me and video, photographic or digital images and reproductions of my likeness (photographic, video, or otherwise) and my voice, whether or not related to any affiliation with the Friends of Kenilworth Aquatic Gardens, with or without my name.

Signature

Date

Minors (under the age of 18) must have a parent/legal guardian sign below.

Signature

Date