SINORMS Academy PROGRAM Minor (Child) Agreement Form

MEDIA RELEASE FORM	
I,, the parent/legal guardian of	
(Child/Ward), grant BUF of Michigan, NEDO and Wayne State Unichild's image in photographs, video tapes or digital recordings in hereafter known, and exclusively for the purpose of SINORMS' mefforts. I further consent that my child's name and identity may be descriptive text or commentary. I do hereby release to BUF of M University, its agents or employees all rights to exhibit this work is publicly or privately and to market copies. I waive any rights, claim control the use of my child's identity or likeness in whatever med be no financial or other remuneration for recording my child, eith transmission or playback. I also understand there is not responsible incurred as a result of my child's participation in this recording, in any sickness or injury incurred as a result.	any and all media, now and larketing and communication of revealed therein or by lichigan, NEDO and Wayne State in print and electronic form ms, or interest I may have to dia used. I understand there will her for initial or subsequent to be for any expense or liability
DISCLAIMER OF LIABILITY	
BUF of Michigan, NEDO and Wayne State University and its staff do not assume liability for any injuries incurred while at Wayne State University. I do hereby agree to hold BUF of Michigan and its employees harmless from any liability, claims, losses and damages directory or indirectly arising from my child's/ward's participation in the SINORMS program. I acknowledge that I have been informed of the nature and activities involved in the program, and I am aware of the risks involved in participation in the program.	
I the undersigned, being a parent or guardian of the minorhereby consent to the foregoing conditions and warrant that I ha	
Signature of Parent/Guardian Signature	Date:
Print Parent/Guardian	Phone
Email Address:	_