

# Image / Media Release Form



**Image Release:** I agree to release any images of me/participant captured by means of photography or videography while I am a participant in one of the Education Without Walls programs. Education Without Walls may use the above-mentioned, without limitation, in connection with any brochure, publicity, marketing, or educational materials. I release Education Without Walls from any claims, whatsoever, which arise in said regard.

## Participant

First Name:	Last Name:
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Signature:	Date:
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## Parent or Guardian

First Name:	Last Name:
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Signature:	Date:
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