

MEDIA RELEASE

I, the undersigned, hereby give permission to Wabanaki Youth Science (WaYS) program to photograph, take video footage, and/or make electronic sound recordings of me. I authorize the use of any such photographs or recordings of me for any purpose that may be deemed appropriate by the WaYS program.

I understand that I may be identifiable from such media.

Agreed and accepted by:

Print name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Signature: _____ Date: _____