

## PERSONAL RELEASE FORM



I, \_\_\_\_\_ (**PRINT NAME**), hereby grant **i-SAFE America, Inc. and its authorizing officers** permission to use my likeness, voice, picture and name for print, radio, web cast or television broadcast anywhere throughout the United States and the world; and to edit such material on film or videotape for these purposes. I have been advised that this information is being used by i-SAFE America, Inc. a non-profit foundation, for educational and community outreach purposes relative to the i-SAFE Safe School Education Initiative and Outreach Program.

I release i-SAFE America, Inc. and its authorized officers and agents from any liability as a result of these pictures, film, or video being taken. I also understand that there will be no compensation paid to me for this service.

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(STREET ADDRESS)

\_\_\_\_\_  
(CITY, STATE, ZIP CODE)

( ) \_\_\_\_\_  
(TELEPHONE)

Signature of parent or guardian is required if person is under 18.

\_\_\_\_\_  
(PARENT'S SIGNATURE)