



RELEASE FORM
(Please Print)

Child's Name	
Age	
Parent or Guardian Name	
Home #	
Parent or Guardian Work #	
Emergency Contact Person	
Phone #	

I give permission for my child, _____, to participate in CPL interviews and activities. I realize that these interviews may take place outside of the CPL office, in the greater New York Metropolitan area. In addition, I give my permission to allow my child to participate in an interview/roundtable discussion with Children's PressLine, which intends to publish and/or broadcast my child's story, voice and/or likeness in its syndicated print, radio, video and/or online outlets, in addition to advertising relating to the organization. If the publication or broadcasting of my child's story, voice or image could cause harm or damage to my child, Children's PressLine will publish my child's comments under an anonymous name, to protect his/her identity.

1) Does your child have any allergies, medical problems or special physical needs that could interfere with his/her participation?

Yes _____ No _____

If yes, please describe:

Physician's Name & Telephone Number:

2) I will not hold Children's PressLine responsible for accident or injury caused by a negligent act of my child.

SIGNATURE OF PARENT OR GUARDIAN:

DATE: