

Early Learning Coalition Of Escambia County

3300 N. Pace Blvd, Suite 210, Pensacola, FL 32505 PHONE (850) 595-5400 FAX (850) 332-5140 www.elcescambia.org

MEDIA RELEASE FORM

I hereby authorize permission to the Early Learning Coalition of Escambia County (ELC) to create, release and/or reproduce my and/or my child's picture, testimonial, and/or likeness, and release and/or reproduce my and/or my child's artwork, creative writing, audio or video talent to television, radio or in printed materials for promotional purposes only without any remuneration from or repercussion to the ELC.

This release is valid up to one year from the date of the subject/parent/guardian signature affixed hereto.

This release may be terminated at any time upon written notice given the ELC by the subject or the subject's parent/guardian if the subject is a minor child.

Please Print Child's Name (if applicable)		
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Please Print Subject's Name or Parent/Guar	rdian's Name if Sur	bject is a Minor Child
Address		
City	State	Zip Code
Subject/Parent/Guardian Signature		Date
ELC Staff Signature		Date
Print Purpose for Release (Example: Media	/Public Outreach/F	undraising)