

# EAGLE CHESS SCHOOL Media RELEASE Form

I, \_\_\_\_\_ Parent/ Guardian understand that the minor child, \_\_\_\_\_ has the opportunity to participate in the EAGLE CHESS SCHOOL free chess camp. I hereby give permission for the name of the minor listed above to be released to the media or for him/her to participate in any media coverage which might transpire during the course of the program and after. I authorize the use of the minor's name, biography, likeness, voice and performance in the production of the program and for the purpose of publicizing and promoting chess and the program. I represent that I am a parent (guardian) of the minor whose name is listed above and I hereby agree to have my child participate in media coverage.

## MY CHILD MAY PARTICIPATE IN MEDIA COVERAGE

Signature of Parent, or Guardian

\_\_\_\_\_ Date \_\_\_\_\_

Print or type name of Parent, or Guardian

\_\_\_\_\_