

Program Name: \_\_\_\_\_

**University of Wisconsin La Crosse  
Media Release Form**

I hereby give my permission to University of Wisconsin La Crosse to photograph, film, videotape and/or make sound recording of my child, to quote or publish statements of my child and to use such photographs, films, and videotapes, sound recordings and/or other statements in the University of Wisconsin La Crosse educational and promotional/advertising materials and for other purposes specified below. I understand that my child may be identified in any photographs news stories, or publications that the University of Wisconsin La Crosse considers appropriate for release to magazines, newspapers University of Wisconsin La Crosse's World Wide Web site, and/or other publication. I further understand that nay such photographs, films, videotapes, sound records and/or written works are the property of University of Wisconsin La Crosse and that neither my child nor I am entitled to any compensation for or rights to these materials.

I release University of Wisconsin La Crosse from all liability with respect to the matters covered by this release.

Child's Name:

\_\_\_\_\_

Parent or Legal Guardian Name:

\_\_\_\_\_

Parent or Legal Guardian's Signature

\_\_\_\_\_

Date: \_\_\_\_\_