

PRODUCTION PARTICIPATION RELEASE FORM - Minor

Product Title: _____

Product Description:

NCTSN has requested my child's permission to participate in the production of the aforementioned product.

I, _____

hereby authorize that my child is willing and able to participate with the National Child Traumatic Stress Network (NCTSN) and the National Center for Child Traumatic Stress (NCCTS) to help with the production of the aforementioned product. I understand that my child will not be contributing video and/or audio for this product, but strictly helping with product production. I understand that the material created may be used in whole or in part for broadcasting purposes and for any other publication, including video, and non-broadcast purpose in any manner or media in perpetuity throughout the world. I understand this material will also appear on the NCTSN Internet Web Page.

I further agree that the product, including all video and/or audio created in connection with it, belong entirely and exclusively to the NCTSN. I understand and agree that material may also be used in connection with program publicity and promotional purposes. I hereby release and discharge the NCTSN/NCCTS as well as their assigns and/or representatives from any and all claims and demands arising out of or in connection with the use of videotape and/or audio tape. I will receive no compensation for consent for the release of this material. I also understand that participating in this project will not in any way affect any care I (he/she) receive(s) at an NCTSN member site. I have read this form and fully understand the contents. I acknowledge and represent that I am 18 years of age or older and have the right to contract in my own name or that I am legally authorized to sign this form for a minor.

I consent for my child to participate in the production for the aforementioned product.

Legal Guardian Name (please print): _____

Legal Guardian Signature: _____ Date of Consent: _____

Legal Guardian Contact Number: _____

Child's Legal name and D.O.B. _____

Child's Assent (14 years or older): _____

Signature of Person Administering Consent: _____ Date of Consent: _____