



Media Release

I hereby give my consent to all photographs, audiorecordings, academic work, and/or videorecording taken of me or my minor child by KidFIT Spokane staff or their designee. I understand that any such photographs, audiorecordings, academic work, and/or videorecordings become the property of KidFIT Spokane and may be used by them or others with their consent, for educational, instructional or promotional purposes determined by KidFIT Spokane in broadcast and electronic media formats now existing or in the future created.

(Please check one of the option below.)

_____ Yes, I give my consent

_____ No, I do not give my consent

Date: _____

Organization's Name: KidFIT Spokane

Student's Name: _____

Parent's/Guardian's Name: _____

Signature: _____

Mailing Address: _____

Telephone: _____

Email Address: _____