



## Minor Release (Under Age 18)

Send a signed and completed release form and a submission form with your project by **July 1, 2007**.

Forms may be faxed ahead of your project to 614-228-5150

*Or send the forms with your Project to:*

My Story Project  
c/o Jessica Schneider Chance  
510 E. Mound St. Ste. 200  
Columbus, OH 43215

I, on behalf of the minor named below, hereby grant to the Pew Charitable Trusts and its present and future grantees, and their respective agents, designees, successors and assigns (collectively, Releasees):

1. The unrestricted worldwide, perpetual right to reproduce, distribute, publicly display, publish, and otherwise use photographic portraits or pictures, video or film and/or audio recordings of the minor named below or in which the minor may be included, or quotations of statements by the minor, in whole or in part, with or without change or alteration, with or without the minor's name and/or city and state of residence, in any and all media now or hereafter known for the purpose of promoting the recommendations of the Pew Commission on Children in Foster Care or otherwise raising awareness about the needs of children and families touched by the child welfare system.
2. I waive any claim that I or the minor may have of ownership or other rights in copyright to such portraits, pictures, video, film and/or audio recordings or quotations, and to any work in any media incorporating any of the foregoing.
3. I waive any right that I or the minor may have to review or approve any material or media, including without limitation photographs, brochures, websites, and videos, in which such photographic portraits or pictures, video or film and/or audio recordings or quotations, or name or residence, are used.
4. I hereby release, discharge and agree to save harmless the Releasees from any liability by virtue of any use of such photographs, portraits, video, audio recordings, the minor's name and place of residence, and any distortion, alteration, error in or other use of same, including without limitation any claims for libel or invasion of privacy.
5. I hereby warrant that I am over the age of majority, that I have the relationship set forth below to the minor named below and have the full right and authority to contract on behalf of the minor named below. I have read the above authorization, release and agreement, prior to its execution and fully understand the contents thereof. This Release shall be binding upon me and my heirs, legal representatives and assigns, and upon the named minor and the minor's heirs, legal representatives and assigns.

Signature \_\_\_\_\_

Dated: \_\_\_\_\_

Minor's Name: \_\_\_\_\_

Name of Adult Signatory: \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

Address of Minor: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Address of Adult Signatory: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone of Adult Signatory: \_\_\_\_\_

Witness: \_\_\_\_\_