



285 Farenholt Avenue
STE. 303 PMB 1855
Tamuning, GU 96913

Student Authorization Media Release for "Screening Video Competition"

I authorize **Guam Cancer Care** to use my child's video submission, interview, live recording, or image:

Student Participant's Name

School

Grade Level

for promotional, educational and informational purposes to local officials; reporters for local media publications, including newspapers, magazines and online media; and to reporters for local television broadcast stations, and online social media publication.

By initialing the space below, I specifically authorize the use and/or disclosure of the following information:

_____ Appearance/interview by media on camera; still photos or video footage for use in publications (print or electronic), websites, audio, video, television commercial, advertising or film.

I understand that:

1. I may refuse to sign this authorization.
2. If I do not sign this form, my child's video submission, interview, live recording, or image will not be used for Guam Cancer Care purposes.
3. I may revoke authorization at any time in writing, but if I do, it will not have any effect on any actions taken prior to Guam Cancer Care receiving revocation.
4. I understand that I may see and obtain a copy of the information described on this form, if I ask for it.
5. I may have a copy of this form after I sign it.

I have read the above and authorize my child to participate.

Signature of Parent/Guardian: _____

Print Name of Parent/Guardian: _____

Relationship to Student: _____

Contact Number & Email: _____

Date: _____