# **Aerospace Center for Excellence Media Release Form**

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| **Name of Student** |  | | |
| **Name of Parent/ Legal Guardian** |  | | |
| **Address** |  | | |
| **Phone** | (**H**) | (**C**) | (**W**) |

**Photo/Media Release:** I understand that the Aerospace Center for Excellence Inc. (ACE) takes photographs and videos under the auspices of the ACE. I understand that photography and videography are released for use in MEDIA (the various means of mass communication, including television, websites, radios, magazines, and newspapers) for internal ACE media usage and public communications, as well as legitimate news and marketing organizations for the purpose of supporting public relations, media development, future attendance, and program visibility. I hereby give and grant my permission for my Junior ACEs participant (a minor child of which I am a legal guardian) to participate in all ACE programs as well as ACE subsidiary programs and give and grant guardian consent in perpetuity to any photography and videography including my child and release any and all rights pertaining to such photographs and videos.

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| **I CONSENT** | **I DO NOT CONSENT** |

*Please select one option above.*

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree and understand that by signing the Aerospace Center for Excellence Permission Form, my electronic signature is the legal equivalent of my manual/handwritten signature and I consent to be legally bound to this agreement. I further agree my signature on this document is as valid as if I signed the document in writing.

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| **Parent/Guardian Signature** |  |