

Media Release Form

I grant Ohio Wesleyan University permission to interview me or my child, and to use my likeness or the likeness of my child in photography or videos in any and all of its publications or other media, whether now known or hereafter existing controlled by Ohio Wesleyan University. I will make no monetary or other claim against Ohio Wesleyan University for the use of any interviews, photographs, or videos.

| Parent/Guardian Name (First & Last): |
|--------------------------------------|
| Parent/Guardian Signature: |
| Relation to band festival student: |
| Name of student: : |
| Home Address: |
| City, State, Zip Code: |
| Telephone: |
| Email: |
| Date: |