



**PARENTAL AUTHORIZATION AND RELEASE FORM**  
**For Photography, Television, Motion Pictures, Internet, or Sound Recordings**

\_\_\_\_\_  
Name of Parent or Legal Guardian *(Please print.)*

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, and Zip Code

E-mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I hereby authorize and consent that the National Black Child Development Institute (NBCDI), a nonprofit organization, its legal representatives, successors, or assignees shall have the absolute right to publish, use, or assign any and all photographic pictures, and/or sound recordings taken or made of my child or in which my child may be included in whole or in part, whether apart from or in connection with, illustrative or written printed matter, story or news items, videos, the Internet, television or radio spots or for publicity, advertising or any other lawful purpose, in conjunction with my own or a fictitious name, or in reproductions thereof in color or otherwise.

I hereby waive all claims for any compensation for such use or for damages. I hereby waive any right that I may have to inspect and/or approve the finished product or the advertising copy that may be used in connection therewith or the use to which it may be applied. I hereby warrant that I am of full age or the parent/guardian and have every right to contract in the above regard. I state further that I have read the above authorization and release, prior to its execution, and that I am fully familiar with the contents herein.

Child's Full Name: \_\_\_\_\_  
*(Child's name will not be printed with the photo.)*

Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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