

**Media Release: Consent to Photograph, film, interview, or videotape
for educational and charitable purposes**

Name: _____

Organization/Event (if applicable) _____

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies, audio recordings, or video tapes on behalf of the New Mexico TechWorks project and the educational non-profit facilitating it, Community Learning Network. I grant them the right to edit, use, and reuse products for educational and charitable purposes including use in print, on the internet, and all other forms of media. I hereby release these organizations and their agents and representatives from all claims, demands, and liabilities whatsoever in connection with the above.

Signature (if 18 or above) _____

Date _____ Phone _____

Full Address _____

Email _____

If 18 or Under:

Name if Parent or Guardian _____

Signature of Parent or Guardian _____

Date _____ Phone _____

Full Address _____

Email _____

Return signed and completed to: NM TechWorks PO Box 33423 Santa Fe, NM 87501
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