

MEDIA RELEASE FORM

For Adults / Service Groups

Date: _____

Name: _____

I hereby give designated representatives of St. Augustine Indian Mission permission to interview, videotape and/or take photograph(s) of myself and/or my dependent child(ren) for the purposes of publicity or fund-raising. I understand that the interview(s), videotape(s) and/or photograph(s) may be aired or published in various print and electronic formats by St. Augustine Mission.

Printed Name

Cell Phone

Signature

Home/Work Phone

Address

City, State, Zip