Washington State Department of Social & Health Services

JUVENILE REHABILITATION ADMINISTRATION (JRA)

# YOUTH MEDIA RELEASE

I, _____ , consent to appear, or have my name appear, in
NAME OF YOUTH

_____ .
NAME OF TELEVISION, RADIO, VIDEO, NEWSPAPER, MAGAZINE, ELECTRONIC COMMUNICATIONS, ETC.

**Any information about other JRA youth, other youths' families, or victims of an offense is confidential and must not be shared or disclosed.**

I authorize the use of my name and my voice including any statements that I may make during taping.

I understand that my participation is this media activity is voluntary. I understand that

_____ maintains total ownership of the production tape.
NAME OF MEDIA

I understand that I will not receive compensation for my participation.

I agree to release the State of Washington, Department of Social and Health Services, Juvenile Rehabilitation Administration from any liability to any person or organization that occurs as a result of my participation in this project or related media activity.

I have read, or have been read this release and indicate my full understanding. I consent by signing below.

_____ _____
SIGNATURE OF PARTICIPANT DATE

**To be completed by Parent/Legal Guardian if participant is under age 18.**

I present that I am the parent/legal guardian of the youth who has given the above release. I agree to the terms of this release and consent to my child's participation.

_____ _____
SIGNATURE OF PARENT/GUARDIAN DATE