

160 VARICK STREET · NEW YORK NY 10013 646.829.4400 NYPUBLICRADIO.ORG

CONSENT TO RECORD MINOR

RELEASE FORM – PLEASE PRINT CLEARLY

I,	(parent or legal guardian's name),
acknowledge that	(name of minor) will
participate in and will be audio/video taped by New Y	ork Public Radio on May 20/21, 2017 as part of
a kids' games program at The Jerome L. Greene Space (the "Event"). I consent to participation in the	
Event by the minor listed above, and further consent t	to the use by New York Public Radio of the
related footage, interviews, quotes, photos and other material that may be part of any recordings	
made as part of the Event. I understand that the recordings may be used for broadcast or digital use,	
including availability on the internet, as well as in other	er media.
I understand that I, or an adult that I designate, must accompany the minor at all times during the Event and that the minor will not be permitted to participate without me or my designee. I hereby	
designate(option	
minor during the Event.	
I hereby release New York Public Radio and its trustees, agents and employees, from all claims,	
demands and liabilities whatsoever in connection with the listed minor's participation in the Event	
or New York Public Radio's use of the recordings from the Event.	
Signature of parent or legal guardian	
Phone/email	Date