



2018 DAYTON YOUTH RADIO CAMP RELEASE FORM

Today's Date _____

I _____ parent/guardian of _____
consent to have my child participate in the **Dayton Youth Radio Camp from July
16 - 20, 2018.**

I understand that my child's work and photo image may or may not be featured for broadcast on WYSO Public Radio (91.3) archived on the wyso.org / youth radio website or heard in a podcast produced at WYSO.

I consent to the publication of the program my child participates in, in whole or in part for educational use. I consent to the use of my child's likeness, name, voice and biographical material for the purpose of Dayton Youth Radio publicity and for WYSO promotional purposes. WYSO may distribute this program to third parties.

I expressly release WYSO, Antioch College, its trustees, officers, agents, employees, licenses and assigners from any and all claims, including copyright, privacy and defamation arising out of any broadcast, exhibition, publication or promotion of this program.

I understand that the parent/guardian is fully responsible for the child's transportation to and from WYSO on class days.

I absolve WYSO Public Radio and Antioch College and all of their employees and volunteers of any and all liability, financial and/or otherwise arising from my child's participation in the 2018 Dayton Youth Radio Camp.

STUDENT NAME _____ AGE: _____

PARENT/GUARDIAN NAME _____

PARENT/GUARDIAN SIGNATURE _____

STREET ADDRESS _____

DAYTIME PHONE _____

EMAIL ADDRESS _____

EMERGENCY CONTACT _____

RELATIONSHIP TO STUDENT _____

DAYTIME PHONE _____

The information contained in this form is correct, to the best of my knowledge, and the child described herein has permission to engage in WYSO's Radio Camp activities, July 16-20, 2018.

SIGNATURE OF PARENT/GUARDIAN _____