Media Release Form

I, hereby authorize Encount	ter Science productions
and its partners in interest and licensees, to photograph, audiotap	e, and/or videotape my
child and grant Encounter Science productions and its partners the	ne irrevocable right to
use my child's photograph, audio recording, video recording, or	any reproduction or
modification thereof (the "Photograph," "Audio," and/or "Video	"), in future advertising
for opportunities to improve scientific critical thinking skills and	understanding of
science content. I understand that I will not receive any monetary	y compensation for the
permissions I am granting herein.	
I am the parent or legal guardian of	and I haraby sign this
I am the parent or legal guardian of	
statements above.	ruance with the
statements above.	
Signature:	<u> </u>
D.4	
Date:	