



Media Release Form

I, _____, give the Children's Liver Association for Support Services permission to use my child's/children's story including pictures in any form of media, such as website, newspaper, magazine, television, etc.

I understand that C.L.A.S.S. will keep my personal information private, such as last name, place of residency unless permission is given and stated on this form. However, if at any time I choose not to have my child's/children's story made public, I must notify C.L.A.S.S. in writing in order to cancel this form?

By notifying C.L.A.S.S. in writing of my intent to cancel, I understand that my child's/children's story will be removed from the website and other forms of media. However, any past newsletter articles or any other media format that includes a picture or story will not be removed from public viewing.

By signing this form below, I give C.L.A.S.S. ownership to my child's/children's story.

_____ Personal information can be used in my story

_____ Personal information can be used except for my child's/children's date of birth, transplant date, last name and _____.

Print Name

Date

Sign Name

Date

Please mail complete form to **Children's Liver Association for Support Services, c/o Diane Sumner, 25379 Wayne Mills Place, Suite #143, Valencia, CA 91355**