

## **Publishing Consent and Release Form**

	, (parent or guardian if the subject of this	
authorize Action Po	otentials to record and publish works of	online. These works
may include the stu	ident's videos, photos, testimonial, and audio. Th	ne undersigned hereby release
all members of Ac	tion Potentials, from any claims, demands, acco	ounting, and causes for which
aforesaid works. It	is also my understanding that these works may b	e shared by others.
Printed Name:		Date:
Signature:		
Printed Name of the	e Subject of this form (if a minor):	
Signature of the Mi	nor:	