

## Adult Media Release Form

I, \_\_\_\_\_, give permission to the 2017 Zero Robotics Middle School Program to make or use pictures, digital images, or video of me for the duration of this program and to put the finished pictures, images or video to use in productions, publications, on the web, or other printed or electronic materials related to the role and function of the Zero Robotics program. Only first names will be used, if any, on online publications, and all images and video will be used only for summer Zero Robotics program purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## My Local Media Contact(s)

\_\_\_\_\_  
News Outlet Name

\_\_\_\_\_  
Reporter/Contact Phone or Email Address

\_\_\_\_\_  
News Outlet Name

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Reporter/Contact Phone or Email Address

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News Outlet Name

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Reporter/Contact Phone or Email Address

