

**DAVID C COOK INDIVIDUAL MEDIA RELEASE
(STUDENT/TEACHER/PARENT/ETC.)**

I, _____ (name), agree to allow David C Cook or its agents to interview, record, film and/or photograph me at _____ (location) on _____ (date).

I agree that David C Cook will own the recordings and photographs of me and I consent to David C Cook's use of the recordings, photographs and interviews of me in its products, in marketing and advertising, on websites, and for other ministry purposes around the world. I also understand David C Cook may not use these materials.

I (*check one*) [_____] do [_____] do not wish David C Cook to use my name.

Thank you for your cooperation.

Signature: _____

Title (if any): _____

Date: _____

If under 18 years old:

Signature of parent or guardian: _____

Printed name: _____

Date: _____