

**EXXONMOBIL
BERNARD HARRIS SUMMER SCIENCE CAMP at UCF 2008**

MEDIA RELEASE FORM

I hereby grant permission to the Bernard Harris Summer Science Camp to photograph/interview my child, _____ . It is my understanding that this photograph/interview or portions thereof will be used for public view.

I agree to participate in this project without financial remuneration, and I understand that this releases the camp's photographer/interviewer from any future claims, as well as from any liability arising from the use of said interview.

Name of Child _____
Please Print

Address _____

City, State, Zip _____

Signature of Parent or Guardian _____

Date _____