



# Youth Media Release

JRA Juvenile Rehabilitation Administration

I, \_\_\_\_\_, consent to appear, or have my name appear, in  
NAME OF YOUTH

\_\_\_\_\_  
NAME OF TELEVISION, RADIO, VIDEO, NEWSPAPER, MAGAZINE, ELECTRONIC COMMUNICATIONS, ETC.

**Any information about other JRA youth, other youths' families, or victims of an offense is confidential and must not be shared or disclosed.**

I authorize the use of my name and my voice including any statements that I may make during taping.

I understand that my participation in this media activity is voluntary. I understand that

\_\_\_\_\_ maintains total ownership of the production tape.  
NAME OF MEDIA

I understand that I will not receive compensation for my participation.

I agree to release the State of Washington, Department of Social and health Services, Juvenile Rehabilitation Administration from any liability to any person or organization that occurs as a result of my participation in this project or related media activity.

I have read, or have been read this release and indicate my full understanding. I consent by signing below.

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
DATE

## To be completed by Parent/Legal Guardian if participant is under age 18.

I present that I am the parent / legal guardian of the youth who has given the above release. I agree to the terms of this release and consent to my child's participation.

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
DATE