

# James Madison University Release Form

I, \_\_\_\_\_, hereby authorize James Madison University (JMU) without restriction of any kind, my image, and voice, to be used in a video recording for the **Rapid Response Virtual Home Visiting** project and to be distributed and exhibited on the Internet, and/or any other means of distribution and exhibition.

Parent / Guardians Signature \_\_\_\_\_

Child's Name \_\_\_\_\_

Street \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_

Date \_\_\_\_\_

