

Office of Communications and Media Relations

52 Chambers Street, New York, NY 10007 Tel: 212.374.5141 Fax: 212.374.5584

MOUSE Inc.
50 West 23rd Street, Suite 702
New York, NY 10010
Tel: 212.920.3665
Fax: 646.545.3800

Student Name:	School:
CONSENT TO ATTEND MOUSE EVENT	, TRAINING, FIELDTRIP OR CONFERENCE
My son/daughter has permission to attend the	MOUSE Event on (date/s)
Signature of Parent/Guardian (if Student is under 18):	Date:
<u>OR</u>	
Signature of Student (if 18 or over):	Date:
	ce, or health awareness purposes)
 Student named above ("Student") Consent to organizations working with or on behalf representatives, those who attend MOUSE related finterviewing and taking quotes, photographs, movie Grant to MOUSE and the Other Parties, the right to of the Student, and to copy, display, distribute, use all non-profit purposes including, but not limited to media, whether existing now or later created Release MOUSE and the Other Parties and their restant to organize the content of the students. 	and taking quotes, photographs, movies and videos of the f of MOUSE, which may include MOUSE partners, media functions and others (collectively, "Other Parties") also es and videos of the Student of edit such interviews, quotes, photographs, movies and videos and reuse the original and the edited forms thereof for any and on, use in print, on the Internet, and in all other forms of spective agents, directors, officers, staff and employees from and liabilities of any kind whatsoever in connection with the

<u>OR</u>

Signature of Student (if 18 or over): ______ Date: _____

Signature of Parent/Guardian (if Student is under 18): ______ Date: _____

Address of Student:

☐ Check here if you do <u>not</u> give consent to photograph, film or videotape for non-profit use.

Address of Parent/Guardian: