



THE NEUTRAL ZONE
ANN ARBOR'S TEEN CENTER

RELEASE

I give my consent and consent to the Ann Arbor Teen Center: Neutral Zone to use my child's name, photograph, portrait, and any likeness in any media form and type of publication, including annual reports and newsletters, and grant to the organization any and all rights to said use without compensation.

Date: _____

Signature

Print name please

Consent of parent or legal guardian if above individual is a minor.

I give my consent and agree as parent or legal guardian of the minor named above, to the above information release and that I am fully familiar with the contents.

Date: _____

Signature

Print name please

Please return to the Neutral Zone, 310 E. Washington St., Ann Arbor, MI 48104, 734-214-9995.