

Media Consent and Release

Name:	Date of Birth:		
High School:		State:	
The individual named above and/o virtually at The Kiwanis Club of Cap Zoom . As lawful consideration for Guardian, on behalf of Member and Consent and Release.	pital - Next Generation e-Club's being permitted by Kiwanis to at	"The Game of Life" on April 6 tend this event, Member and/	, 2025 on or
Media Consent and Release			
I give permission for the Kiwanis C	lub of Capital - Next Generation	e-Club to post the first and la	ast name
of, any photograph(s) of, and any	videos including my child, on Ki	wanis Club of Capital - Next G	eneration
e -Club's website (https://k20360.	site.kiwanis.org) and/or on Face	ebook, Linkedin, Instagram, or	other
social media pages. I give permissi	on for The Kiwanis Club of Capit	al Next Generation e-Club to	share any
photos or videos of or including my	child with Kiwanis Club Internat	ional, which could lead to Kiw	anis Club
International posting those same it	ems on www.kiwanis.org or any	official Kiwanis Family websi	te or
social media sites or pages.			
Signature of Individual	Printed Name	 Date	
CONSENT OF GUARDIAN			
I am the parent and/or guardian o to and do consent and agree to the acknowledge that I have read and minor I represent as guardian, am Kiwanis.	e terms and provisions of the be understood all of the terms of t	low Media Consent. By signinge agreement below and that	g, I I, or the
Signature of Parent/Guardian	Printed Name	Date	_