



CONSENT AND RELEASE

I hereby give to United Cerebral Palsy, Inc. ("UCP"), its nominees, agents and assigns, my free and unlimited consent and permission, waiving all claims for any compensation by reason thereof or damages by reason thereof, (1) to take photographs, moving pictures and videotapes of me and record my voice, (2) to use, publish or re-publish the same in the furtherance of its work with or without identification of me by name, (3) to use my name and/or information referring to me in conjunction therewith if UCP so desires, and (4) in furtherance of UCP work to release such photographs, moving pictures, videotapes and recording to and authorize any newspaper, company or other organization to use, publish or republish the same with or without the identification of me by name and to use my name and/or information referring to me in conjunction therewith if UCP so desires.

Print Name: _____

Address: _____

Signature: _____ Date: _____

The following to be completed in the event the participant is a minor:

I represent that I am the parent (Guardian) of the above minor, and I hereby consent and agree, individually and as a parent (Guardian), to all the terms and provisions stated above.

Print Name: _____

Address: _____

Relationship: _____

Signature: _____ Date: _____