

PLEASE FILL OUT THIS FORM AND MAIL IT TO:
Max's Miracle Ranch
3476 SMITH AVE
BIGGS, CA 95917

MEDIA, PHOTO AND VIDEO RELEASE	
I, ACKNOWLEDGE AND UNDERSTAND THERE IS A POSSIBILITY THAT EITHER LOCAL OR NATIONAL TELEVISION VIDEOTAPING AND/OR LOCAL OR NATIONAL PHOTO DOCUMENTATION MAY BE OCCURRING DURING MAX'S MIRACLES EVENTS. WE REQUEST THE SIGNATURE OF BOTH PARENTS OR LEGAL GUARDIANS.	
PRINT NAME OF PARENT ONE:	Date:
SIGNATURE OF PARENT ONE:	
PRINT NAME OF PARENT TWO:	Date:
SIGNATURE OF PARENT TWO:	
AS PARENT/GUARDIAN OF: CHILDREN'S NAME(S)	
I DO I DO NOT <i>(please circle)</i> GRANT PERMISSION TO BE VIDEOTAPED/PHOTOGRAPHED, AND RELEASE ALL RIGHT TO MAX'S MIRACLES, INC. , FOR THE PURPOSE OF FUNDRAISING, MARKETING, CAUSING AWARENESS AND FOR SLIDESHOWS.	
(PARENT/GUARDIAN SIGNATURE) (DATE)	
(PARENT/GUARDIAN SIGNATURE) (DATE)	