



# Baby Calendar

## Official Release Form

To: WHAS Crusade for Children, Inc. and WHAS11 Television

I hereby agree that you may record on film, video, audio and still photography my likeness and/or my child's likeness and performance for the purpose of promotion for WHAS Crusade for Children, Inc. to be used without restriction for an unlimited time period. I also hereby agree that I will make no demand for payment for such appearance on film, video, audio and still photography now or in the future.

I will also hold WHAS Crusade for Children, Inc., WHAS 11 Television and their employees harmless against any and all liability, loss or damage (including reasonable attorney's fees) caused by or arising out of this production.

Date: \_\_\_\_\_

Your name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Baby's name: \_\_\_\_\_

Baby's age: \_\_\_\_\_

Your signature: \_\_\_\_\_