**Media Release Form for the Healthy Hydration Program**

I grant to National PTA, Nestlé Waters North America, Nestlé® Pure Life® and their representatives and employees the right to take or use photographs and/or video of me and my family in connection with this PTA program without further compensation and without the need for any further consent from me. I authorize National PTA, Nestlé Waters North America and Nestlé® Pure Life®, its assignees and transferees to use and publish the same in print and/or electronically.

I agree that National PTA and Nestlé Waters North America, Nestlé® Pure Life® may use such photographs or videos of me and my family with or without my name for any lawful purpose, including for example such purposes as publicity, illustration, advertising and web content.

I have read and understand the above:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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