

**OFFICE OF JUVENILE JUSTICE
7919 Independence Blvd.
State Police Building, First Floor
Baton Rouge, LA 70806
Tel. 225.287.7900**

**MEDIA RELEASE (youth)
General Non-commercial Purposes**

I _____, a youth in the custody/supervision of the Office of Juvenile Justice (or if under the age of majority, the undersigned parent or legal guardian of the above-named youth), voluntarily agree (or authorize the youth) to be interviewed, photographed, audio or video recorded and/or to have identifying information used for the purpose of non-commercial projects of the Office of Juvenile Justice, such as educational presentations, public-relations materials, and the like.

I give permission for photographs, images, video or audio recordings of myself (the youth) captured via still photography, videography or audio tape recording, to be used in connection with activities of the Office of Juvenile Justice. I understand that these images will not be used for commercial gain and will not be sold by the Office of Juvenile Justice to anyone for commercial use.

I/We do this of our own free will without coercion or promise of remuneration, compensation or reward from the Office of Juvenile Justice, its agents and employees. I/we hereby relieve and release the Office of Juvenile Justice and its agents and employees from any responsibility and/or liability which may occur directly or indirectly as a result of any participation in, and subsequent publication and/or broadcast of the interview, photography or audio/video recording.

I understand and agree to the above-stated conditions.

Signed: _____
Youth's Name

Signed: _____
Legal guardian (if youth is under the age of majority)

Witnessed on this _____ day of _____, 20____, at _____, Louisiana.

Signed: _____
Witness

Signed: _____
Witness