

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

MEDIA RELEASE (visitor)

I, _____, a visitor at _____,
hereby voluntarily agree to be interviewed, photographed, and/or audio or video recorded
by _____. I understand that the interview,
photograph, and/or audio or video recording may be broadcast or published by
_____.

I do this of my own free will without coercion, or promise of remuneration,
compensation or reward from Youth Services and _____,
their agents and employees. I hereby relieve and release Youth Services and
_____, their agents and employees of any responsibility and/or
liability which may occur directly or indirectly as a result of my participation in, and the
subsequent publication and/or broadcast of the interview, photograph, and/or audio or
video recording.

VISITOR'S SIGNATURE

Witnessed on this ____ day of _____, 20____, at _____, LA
by:

Witness

Title