

NENA 9-1-1 Hero Media/Publicity Waiver



[Insert your event/organization info below or change to fit your community needs...]

WHO: _____ Chapter of the National Emergency Number Assn.
WHAT: Chapter or NENA 2002 9-1-1 Hero Award
WHERE: _____
WHEN: _____

I, _____ (parent/guardian's name) authorize
_____ (child's name) to participate in the "NENA Chapter 9-1-1 Hero
Recognition" award program at the (location) _____ on
(date) _____. I am aware that photographs and other visual media will be taken of
the child by the press to report this news story. Pictures of the child and his/her story may appear
in newspapers, television news or any other communications media to report on and publicize
this and/or subsequent/related events (such as the NENA Annual 9-1-1 Hero Award to be given
each June). The child may be asked questions by reporters about the incident and quoted in news
stories or reports. I understand that the child or myself will not have any claim for violation of
publicity or privacy rights should any of the foregoing events occur.

Date _____

Parent/Guardian Signature

Print Name Here

Please return to: [Your Info Here]