



AFS-USA, Inc.  
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## CONSENT AND RELEASE

I grant to AFS, the right to use, publish and/or reproduce for any lawful and legitimate purpose excepts from interviews and letters, photographs, video and audio recordings and any other still or moving images of me taken during my involvement with AFS and to use my name in this connection. I understand that I shall not be paid for their use.

I am \_\_\_\_\_ years of age, I have read the foregoing and fully understand the contents thereof.

|                             |                           |            |
|-----------------------------|---------------------------|------------|
| <b>Name</b>                 | <b>Signature</b>          |            |
| <b>AFS Program and Year</b> |                           |            |
| <b>Date</b>                 | <b>Telephone # (    )</b> |            |
| <b>City</b>                 | <b>State</b>              | <b>Zip</b> |
| <b>Witness</b>              | <b>Witness Signature</b>  |            |

Please sign, have witnessed by someone over 21, and return one copy of this release to:

Marketing and Communications Coordinator  
AFS Intercultural Program/USA  
198 Madison Avenue, 8<sup>th</sup> Floor  
New York, NY 10016

If you are under 21 years of age please have a Parent/Guardian sign below.

I am the parent or guardian of the minor whose name appears above. I consent to the above terms on his/her behalf and warrant that I have the authority to give such consent.

|                              |              |            |
|------------------------------|--------------|------------|
| <b>Name</b>                  | <b>Date</b>  |            |
| <b>Address, if different</b> |              |            |
| <b>City</b>                  | <b>State</b> | <b>Zip</b> |
| <b>Telephone # (    )</b>    |              |            |