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# young **Reporters**

BEAR ESSENTIAL EDUCATIONAL SERVICES



## BIOGRAPHY & PARTICIPANT RELEASE FORM

Welcome! Before you are published, you must fill out this form and have it signed by a parent. Give it to your Adviser or send it to 2525 E. Broadway Blvd., Suite 102, Tucson, AZ 85716 • Fax: 520-792-2580

**Your Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **ZIP Code:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Adviser (if you have one):** \_\_\_\_\_ **Adult's E-mail :** \_\_\_\_\_

**Name of Parent(s):** \_\_\_\_\_

**Brothers:** \_\_\_\_\_ **Sisters:** \_\_\_\_\_

I like to write: **Y N.** Writing is difficult for me: **Y N.** I'm a good writer: **Y N.** I enjoy meeting people: **Y N.**

I want to be a Young Reporter because: \_\_\_\_\_

My favorite school subject is: \_\_\_\_\_ I like writing about: \_\_\_\_\_

Hobbies, activities, goals and other things that make me unique: \_\_\_\_\_

I would most like to interview: \_\_\_\_\_

### My Story Ideas:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_



## Participant Release Form (very important!)

I hereby grant permission for \_\_\_\_\_ to participate fully in Bear Essential Educational Services' Young Reporters Program, which includes having his/her articles printed in the newspaper. I also allow my child's work and image to be used for related promotional, advertising, broadcast, online and social media purposes and for his/her name and school to be printed along with his/her reports. I hereby release and discharge Kids' View Communications Corp., Bear Essential Educational Services Foundation, Inc. (BEES) and all Program sponsors—their agents, employees, affiliates, officers and directors from all claims, demands, actions, judgments and executions which the undersigned had, now has, or may have, or which the undersigned's heirs, executors, administrators, or assignees may have, or claim to have, against Kids' View Communications Corp., BEES or Program sponsors—their successors or assignees, for all personal injuries and injuries to property, real or personal, caused by, or arising out of the above described activity. This consent and release shall be operative from the date hereof until terminated by the undersigned by written notice provided to Kids' View Communications Corp. or BEES by U.S. first-class certified mail, return receipt requested. I have read this release and understand all of its terms and significance.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_