LUK, Inc.

545 Westminster Street, Fitchburg, MA 01420

All Programs

Consent for Media Usage

I authorize LUK, Inc. to use	media noted* below of	
Person's Name:		Date of Birth:
as authorized in this consent.		
I am signing on behalf of:		
☐ Myself ☐ My Child ☐ ☐	Γhe Child for whom I am Guardia	ın
Parent/Guardian Name (if	applicable):	
•	to use media noted below in pub ne mission of LUK for marketing	olications, news releases, online, and in other purposes.
*Check all that apply:		
***	udio □Creative (e.g. artwork) □	Written Story □Other:
For the following intent (to	be filled out by LUK Staff):	
Please check all the hoves h	elow to acknowledge your under	estandina
	.	
•	nce or refusal will in no way imp	
•	ter or revoke this consent, in writ ved photographs in reliance on th	ing, at any time except to the extent that LUK, Inc. has is form.
☐ I understand that my auth upon me, my heirs, executors		ss withdrawn, and that my consent and release is binding
☐ I have read and understan	d the terms of this Consent and h	ave executed it voluntarily.
SIGNATURE		DATE
PARENT/GUARDIAN SIGNATURE		DATE
If the person is an adult and documentation, the authority	_	the person who does sign must prove, with written
PLEASE RETURN TO:		
MAIL:	LUK, Inc.	
	Attn: Administration	1
	545 Westminster Str	reet
	Fitchburg, MA 0142	0.0
FAX:	978-345-3602	
EMAIL:	Marketing@LUK.org	