



# Plant a Seed...READ!

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## MEDIA RELEASE FORM

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I hereby certify and represent that I have read this release, fully understand its meaning and effect and am authorized to sign it for myself and my children.

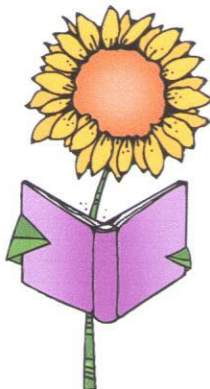
Date: \_\_\_\_\_

Parent or Guardian's Name (please print): \_\_\_\_\_

Parent or guardian's Signature: \_\_\_\_\_

Child or Children's Names: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact address and Phone Number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



*"Where every child becomes a reader on the lap of a caring adult."*