

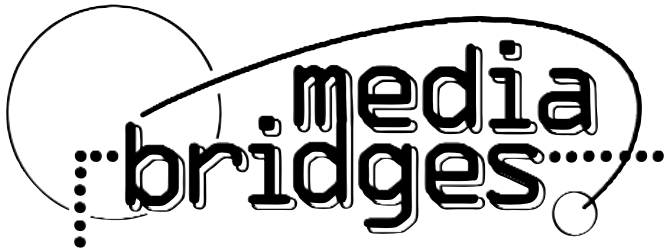
RELEASE FORM

I hereby assign all right and release from liability Media Bridges of Cincinnati and the City of Cincinnati for the recording, reproduction, exhibition, telecasting and distribution of my visual image and voice for non-profit use.

Signed _____ Date _____

I certify that I am the parent and/or guardian of a minor under the age of eighteen years. I hereby consent that the videotape being made by Media Bridges of Cincinnati may be used for the purposes explained above.

Signed _____ Date _____



1100 Race St.
Cincinnati, OH 45202
ph: 513/651-4171
fax: 513/651-1106