

Jersey City Medical Center/RWJBarnabas Health STEM Showcase

Media Release Form

I hereby authorize Jersey City Medical Center/RWJBarnabas Health STEM Showcase to publish the photographs and videos taken of me and/or the below listed student, and our names, for use in the Jersey City Medical Center/RWJBarnabas Health STEM Showcase printed publications, website, training, recruiting and media outreach purposes.

I attest that I am the parent, legal guardian, or student age 18 or older and that I have the authority to authorize Jersey City Medical Center/RWJBarnabas Health STEM Showcase to use below listed students' photographs, videos and name.

I acknowledge that since participation in Jersey City Medical Center/RWJBarnabas Health STEM Showcase is voluntary, neither the student nor I will receive financial compensation for released media.

Students Full Name

Full Name of Parent or Legal Guardian

Signature of Parent, Legal Guardian, or Student Age 18 or Older

Date