



hotel nikko guam

DATE: _____

Name of Student: _____

School: _____

MEDIA RELEASE FORM FOR HIGH SCHOOL STUDENTS

To Hotel Nikko Guam:

I hereby authorize Hotel Nikko Guam to use images, video and/or the voice of my minor son/daughter _____, participating in Hotel Nikko Guam's Cooperative Education Program, to help promote Nikko's educational commitment to the community, in cooperation with _____ through print, television, radio, web, video, presentation and other media.

NAME of Parent/Guardian:(Please print) _____

SIGNATURE of Parent/Guardian: _____

RELATIONSHIP to student: _____

(HRD/19Aug2011)