



Multimedia Resources and Training Institute
2301 S. Jackson St. Suite 103
Seattle, WA 98144 ph: 206-838-6359 v Fax: 206-838-8007
www.mmrtiseattle.org info@mmrtseattle.org

Arts & culture, Theatre, documentary film, video & TV programming, and Multimedia Training

CONSENT FORM

Participants youth name: _____
Birthday: _____ Age: _____ Sex: _____
Parents/Guardian: First Name _____ Last NAME _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Home: _____ Cell: _____
E-Mail: _____

I, _____(parent/guardian), desire for my son/daughter to participate in the Multimedia Resources and Training Institute. I understand that the class/workshop of the training is for the benefit of my child and also to the community at large to teach a Multimedia educational program. I understand that the multimedia Resources and Training Institute (MMRTI) cannot be responsible for any legal liability. I will bring my son/daughter on time for the class and also for any activities that needs my son's/daughter participation. I give my permission for my son's/daughter photograph or video to be used in future promotions.

Parent/Guardian Signature: _____

Date: _____