

PHOTO/VIDEO TAPE RELEASE

(Name of Program, Agency)

TO: Whom It May Concern

RE: Consent for photographs and/or videotape recordings to be taken and used for media or other purposes

I have been informed that _____ will take
(Name of Program, Agency)

_____ photographs
_____ videotape recordings

of

_____ me/
_____ my minor child/children _____
(Print youth's name(s))

which could be used for media purposes.

It is understood that all photographs/videotape recordings will be in good taste and that neither the photographs, videotape recordings nor any print or other media article associated with same shall in any way be derogatory to me or my child(ren).

Under the conditions specified above, I consent to the taking and use of such photographs/videotape recordings by authorities of the facility indicated and/or _____ or their designees.
(Name of Program, Agency)

Print Parent/Guardian Name

Parent/Guardian Signature

Date