



## PHOTO RELEASE FORM

I, \_\_\_\_\_ (Name or, if minor, Parent/Guardian Name), give consent to Instructional Services for Out-of-School and Secondary Youth (iSOSY) or any party authorized by iSOSY to use (circle one) **my/ my son's/ my daughter's** photograph taken on \_\_\_\_\_ (date) at \_\_\_\_\_ (location) for any iSOSY purpose including, but not limited to, use in publications (periodicals, books, brochures, etc.), video and audio productions, advertising and promotional materials, organizational website, or other media.

I release iSOSY from any and all liability that may arise in connection with such use.

Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

I am the parent or legal guardian of the child named below and have the legal authority to execute this consent and release.

Child's Name: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_