



## WAIVER/ CONSENT FORM FOR PUBLISHING PHOTOGRAPHS/ VIDEOS

PARTICIPANTS NAME:	PARENT/GUARDIAN'S NAME:
ADDRESS:	
CITY:	POSTAL CODE:
PHONE NUMBER:	WORK PHONE NUMBER:
PROGRAM:	

I, the undersigned, parent, guardian, do hereby agree to allow the individual(s) named herein to be photographed and pictures to be used solely for the purposes of advertising of the above program.

X  
PARENT/ GUARDIAN SIGNATURE