



## PHOTOGRAPHY, SOUND AND VIDEO CONSENT

I, \_\_\_\_\_ (printed full name of parent/

guardian giving consent) consent to:  photography  video recording  sound recording

(circle each box that you consent to) of my child \_\_\_\_\_

(printed full name of student) during their participation in the *Our Youth Our Future Program*.

I understand that:

- I may refuse to provide consent for the photography, video recording and/or sound recording of my child.
- I understand that I may withdraw my consent at any time by contacting Hope 24/7 in writing. I also understand that it may not be possible to withdraw consent for photography, video and/or sound recordings taken for some purposes. I also understand that once circulated, the photography, video and/or sound recording is out of Hope 24/7's control.
- I also understand that I may place restrictions on the photography, video recording and/or sound recording.
- I understand that I will not be compensated for the use of any photography and/or recordings of my child.

Restrictions: \_\_\_\_\_

***I have reviewed and understand this form and have had any questions answered satisfactorily.***

Name of Student: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

