

PHOTO RELEASE

I understand and agree to Edgewood Consulting & Services retaining the right to use, for publicity and advertising purposes, photographs taken of me while participating in their program without any expectation of compensation for the use. Should I not wish for my photo to be taken and used then I will let this explicitly be known and be sure to remove myself from any pictures being taken by program staff or other program participants. Please confirm by voluntarily signing below that you have read this document in entirety.

PARTICIPANT'S SIGNATURE _____ AGE _____ DATE _____

FOR MINORS (YOUTH under AGE 18 at time of registration) PARENT/LEGAL GUARDIAN MUST SIGN

My signature indicates that I, as parent/guardian with legal responsibility for this participant, do consent and agree.

PARENT/GUARDIAN'S SIGNATURE

PRINT NAME

DATE SIGNED