



PHOTO RELEASE FORM

I, _____ (Name or, if minor, Parent/Guardian Name), give consent to Innovative Strategies for Out-of-School and Secondary Youth (iSOSY) or any party authorized by iSOSY to use my child's photograph/video 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: _____