



Transforming lives, together.

### Permission Form—Photo/Video

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I, \_\_\_\_\_, grant the International Youth Foundation (IYF) and its employees, representatives, and authorized partners permission to photograph and record me for use in audio, video, film, or other electronic and printed media.

I understand that neither IYF nor its representatives will reproduce the photograph, film, or other likeness for resale or receive any monetary gain from such reproductions. I also understand that I will not receive payment or compensation for my participation.

I release IYF, its board of trustees, employees, and representatives from any liabilities—known or unknown—arising from the use of this material.

I certify that I have read, understood, and agreed to the above release form conditions.

Printed Name: \_\_\_\_\_

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

I represent that I am a parent or legal guardian of the person identified above, who is a minor. I understand the above and consent to the release form conditions.

Participant Printed Name: \_\_\_\_\_ Participant DOB: \_\_\_\_\_

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

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