

## Photo Release Form

**PARTICIPANT'S NAME:**

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I grant **Youth Exposure, Inc. and its affiliates** permission to use my / my child's likeness/ image for films, videos, and /or audiotape recordings, slides, and photographs. I understand that **Youth Exposure, Inc. and its affiliates** may use my likeness on its website(s) or in other official printed promotional material(s) / media without further consideration. I acknowledge that I will make no monetary reward or claim against **Youth Exposure, Inc. and its affiliates** for using my / my child's image(s).

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**Print Name**

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**Participant / Parent / Guardian Signature**

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