



WE ARE PROUD TO OPERATE



FYSB Family & Youth Services Bureau  
Runaway and Homeless Youth Training & Technical Assistance Center

# Photo/Video Release Form

For good and valuable consideration, the receipt of which is hereby acknowledged,

I, \_\_\_\_\_, parent/guardian

of, \_\_\_\_\_, hereby authorize National Safe Place Network (NSPN) permission to use my child's likeness in a photograph, video, or other document in any and all of its publications, including but not limited to all FYSB, NSP, and RHYTTAC's printed and digital publications. I understand and agree that any photograph, video, or other document using my likeness will become property of NSPN and will not be returned.

I acknowledge that since my child's participation with NSPN is voluntary, I will receive no financial compensation.

I hereby irrevocably authorize NSPN to edit, alter, copy, exhibit, publish or distribute this photograph, video, or other document for purposes of publicizing NSPN and its programs, including or for any other related, lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my child's likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph, video, or other document.

I hereby hold harmless and release and forever discharge NSPN from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other person acting on my or my child's behalf, or on behalf of my estate have or may have by reason of this authorization.

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

*Name of individual in photograph or video*

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

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

*Signature of parent/guardian if individual in photograph or video is under 18 years of age*

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

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

*Printed name of parent/guardian if individual in photograph or video is under 18 years of age*