

Parent Release Form for Media Recording

I, the undersigned, do hereby grant or deny permission to *Empowered Youth Programs* to use the image of my child, _____, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the *Empowered Youth Programs* Web site.

- Deny permission to use my child's image at all.
- Grant permission to use my child's image in the following ways (mark all that apply):
- Limited usage:** I want my child's image used within the *Empowered Youth Programs* setting only (not in the larger community).
 - Limited usage:** I want my child's image used for educational materials only (not marketing). This could be either within *Empowered Youth Programs* or in the larger community. One example of this could be videos in parent education classes.
 - Limited usage:** I want my child's image used on printed materials only (no digital or video use).
 - Unrestricted usage:** I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by *Empowered Youth Programs* for a variety of purposes and that these images may be used without further notification. I do understand that my child's last name will not be used in conjunction with any video or digital images.

Parent/guardian signature _____ Date _____

Please sign both copies of this form and keep one for your own records and mail or fax the original to:

Deryl F. Bailey, Ph.D.
 Director, Empowered Youth Programs
 402 Aderhold Hall – University of Georgia
 Athens, Georgia 30602
 (706) 542-4130

If you have questions, contact Dr. Deryl F. Bailey at (706) 614-7238.