



Young People Who Care, Inc.

PO Box 129, Frenchville, PA 16836

ypwcyouthprogram.org

Bethany Retreat Center Bethany Youth Center Life Line Ministry

814-263-4855

814-263-4177

814-765-3225

MINOR (CHILD) PHOTO RELEASE FORM

Please let us know of YES or NO

YES

I, _____, the parent or legal guardian of _____ [Child]

grant **Young People Who Care, Inc.** permission to use the photographs described as “Service Program Photos” for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content. Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Fill this section for either response:

Parent/Guardian’s Signature: _____ Date _____

Print Parent/Guardian’s Name: _____

Child’s Name: _____

Parent/Guardian’s Phone Number: _____

NO

I, _____, the parent or legal guardian of _____ (Child)

DO NOT grant photo permission for my child/guardian’s image to be used by Young People Who Care.