

**Photo/Video Release Form, 2022-2023**

**I, (print name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(parent, legal guardian, or adult participant)** grant permission to Idaho Parents Unlimited, Inc. their respective programs, directors, employees, agents (including but not limited to photographers, advertising agents, audio and video technicians and recorders), successors, assigns authorization to **reproduce myself or my child’s physical likeness, voice and words, name, or artwork** in video, television, radio, films, newspapers, magazines and social media.

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Name of school or community Center

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Participant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent / Guardian if under age 18

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Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Description of student in photo(s)

*Idaho Parents Unlimited Programs Include:   
Statewide Parent Training and Information Center   
Family to Family Health Information Center  
Idaho Family Voices  
IPUL Arts*

