



Photo Release Form

Youth's Name (Please print): _____

Date of Birth: _____

I, the undersigned adult, parent or legal guardian of the above named or above named youth, hereby approve and allow for my ,or the named youth's picture, to be taken and used in a reasonable and professional manner by the Youth ConneXt PEI Symposium Committee.

It is my understanding that the photograph's or any digital recording, could be used for advertising and promotional reasons, which may include but is not limited to the website, internet and other forms of publications on an ongoing basis.

If I do not wish to have my identity, or youth's identity, disclosed it will then be the responsibility of you, or that youth, to indicate to the volunteer photographer that you, or they, do not wish for their picture to be taken.

I also fully release the Youth ConneXt PEI Symposium Committee, any organizations who have provided funding or sponsorship, employees or any persons associated, from any claim or action due to the use of the photograph's or any digital recording.

Adult, Parent or Legal Guardian:

Adult, Parent or Legal Guardian

Print name

Signature

Date Signed: _____

Please return this with your registration form.

**Please e-mail your form to the e-mail address below or
for additional information please call**

**Callen 940-1504 or e-mail youthconnextpei@live.com
OrTanya 569-6925 or e-mail tcraig@town.stratford.pe.ca**