



## Little Sister Program Official Release Form

### **PHOTOGRAPHY, RECORDINGS and MEDIA RELEASE FORM FOR A MINOR**

As the Parent or Legal Guardian of \_\_\_\_\_, a child under the  
(NAME OF MINOR CHILD)

age of eighteen (18), I hereby grant the DISTINGUISHED YOUNG WOMEN OF TAYLOR COUNTY ("DYW of Taylor County") permission to use photographs, video recordings, and audio recordings involving or depicting my child to publicly promote DYW of Taylor County. I understand that by granting this permission, DYW of Taylor County may use images or recordings involving or depicting my child in print publications, online publications, presentations, websites, television or cable broadcasts, and on social media sites, including but not limited to Facebook, Instagram and Twitter. I understand that no royalty, fee or other compensation shall become payable to me as result of such use.

\_\_\_\_\_  
PRINTED NAME OF PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHONE NUMBER OF PARENT/LEGAL GUARDIAN