



PHOTORELEASE FORM

I, _____ (name or, if minor, parent/guardian name), give consent to Graduation and Outcomes for Success for Out-of-School Youth or any party authorized by GOSOSY to use (circle one) **my/my son's/my daughter's** photograph taken on _____ (date) for any GOSOSY purpose including, but not limited to, use in publications (periodicals, books, brochures, etc.), video and audio productions, advertising and promotional materials, organizational website, or other media.

I release GOSOSY from any and all liability that may arise in connection with such use.

Signature: _____

Date of signature: _____

I am the parent or legal guardian of the child named below and have the legal authority to execute this consent and release.

Child's name: (first name only to be used) _____

Signature of parent/guardian: _____

Date of signature: _____

Relationship to child: _____