INDEPENDENCE YOUTH COURT

CONSENT FORM

111 East Maple
Independence, MO 64050
Youthct@indepmo.org
816-325-770

Student Name:

-PERMISSION TO USE PHOTOGRAPH
-PERMISSION TO ALLOW STUDENT TO JOIN YOUTH COURT

Address:

Phone Number:

☐ I give Independence Youth Court the right to take photographs of my child.

I also grant them permission to use my image or likeness in a photograph, video, or other electronic means, for advertising or promotional purposes such as but not limited to their website and social media accounts.

☐ I give permission for my child to join and participate in Youth Court.

_____ _____

Parent Printed Name Parent Signature

Parent Address:

Date Signed:

I, the undersigned, have read and fully understood the terms and conditions of signing this photo release waiver.

I also certify that I am
[ ] at least 18 years of age
[ ] below 18 years of age but have acquired the consent of my parents and guardians whose signature/s can be found below.

Jackson County COMBAT
Community • Prevention • Treatment • Justice

Truman Heartlar COMMUNIT FOUNDATIO