



Minor Authorization, Assignment, and Release

(Permission to Use Minor's Image, Voice, and Name)

For adequate consideration, as parent or legal guardian of _____ (name of child or ward), I grant to the Ionia County Youth Advisory Council (YAC), its subsidiaries, affiliates and partners unqualified and irrevocable permission to photograph, videotape, or record in any form my child's or ward's image and voice as well as to create transcriptions of my child's or ward's voice arising from: and I assign to YAC all rights I may hold in such recordings or transcriptions including, but not limited to, copyrights.

I understand and agree that the YAC, at its sole discretion, may use such recordings of my child's or ward's image, or child's or ward's voice, without restriction, including but not limited to, use in internal materials, promotional materials, audiovisual works, and display by any means including the Internet, at any time in the future.

Further, I understand and agree that the YAC may grant third parties unrestricted permission to use said recordings or transcriptions in any non-defamatory manner.

Additionally, I grant YAC unqualified and irrevocable permission to use my child's or ward's name in conjunction with the aforementioned photographs, videotapes, recordings, and transcriptions. I also grant the YAC permission to authorize third party use of my child's or ward's name in conjunction with the aforementioned photographs, videotapes, recordings, and transcriptions. I hereby release the YAC from any and all claims of any kind resulting from the use of the aforementioned recordings and transcriptions of my child's or ward's image, voice, and property including but not limited to, any and all claims of damages for libel, slander, and invasion of the right of privacy.

I am of lawful age and have read and understand this Authorization, Assignment, and Release. I am the parent or legal guardian of _____ (name of child or ward).

I have read and understand the above:

Student's Name _____ School: _____

Address _____ City: _____ Zip: _____

Printed name _____

Date _____

Signature, parent or guardian _____

