



PHOTO/VIDEO/INTERVIEW CONSENT

(To be completed by the parent or guardian if participant is under age 18)

I certify that I am the parent or legal guardian of _____,
whose date of birth is _____. name of participant
month/day/year

I understand that this program may feature special events. Media representatives, newspaper and television reporters, photographers, public-relations personnel, and/or NYCMS staff may be present at these special events to record them. In some cases they may interview and/or photograph people who participate in these events. These photographs, videos, and interviews will only be used to promote the program.

I give permission for my child to be photographed or otherwise recorded during program events and activities, and for any and all such photographs to be displayed New York City Mission Society in any medium (books, newsletters, web sites, etc.), whether now or hereafter known or developed.

Parent/Guardian Signature

Date

If you do not wish for your child to participate in the activities described above, please review this section of this form.

I **DO NOT** give permission for my child to be photographed or otherwise recorded during program events and activities. As a result, my child may not be able to participate in these events and activities.

Parent/Guardian Signature

Date



PHOTO/VIDEO/INTERVIEW CONSENT
(To be completed by participant, if over age 18)

I certify that I, _____, am over the age of 18.
name of participant

I understand that this program may feature special events. Media representatives, newspaper and television reporters, photographers, public-relations personnel, and/or NYCMS staff may be present at these special events to record them. In some cases they may interview and/or photograph people who participate in these events. These photographs, videos, and interviews will only be used to promote the program.

I give my permission to be photographed or otherwise recorded during program events and activities, and for any and all such photographs to be displayed New York City Mission Society in any medium (books, newsletters, web sites, etc.), whether now or hereafter known or developed.

Participant Signature

Date

If you do not wish to participate in the activities described above, please review this section of this form.

I **DO NOT** give my permission to be photographed or otherwise recorded during program events and activities. I understand that as a result, I may not be able to participate in these events and activities.

Participant Signature

Date