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**ROTARY YOUTH LEADERSHIP AWARDS**

**2017 PHOTO RELEASE FORM**

**Event: Rotary International - District 6580**

**RYLA – Rotary Youth Leadership Awards Program**

**Friday, October 27, 2017 – Sunday, October 29, 2017**

**Permission to Use Photographs/Videos**

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I hereby authorize Rotary International, Rotary Clubs of District 6580, their Rotarian members, program personnel of Rotary youth programs, and other designated Rotary representatives permission to edit, alter, copy, exhibit, distribute, print, publish, electronically or otherwise, the photo(s) and/or video(s) for their own Rotary programs, events, bulletins, advertising, newsletters, websites, or any other lawful purpose. In addition I waive the right to inspect the final product, including spoken, written or electronic copy related to the use of photographs or videos. I agree that Rotary International and the Rotary Clubs of District 6580 may use such photographs of me with or without my name and for any lawful purpose.

I have read and understand the above:

**Student’s Name (printed)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***If the person signing above is under age 21, there must be consent by a parent or guardian, as follows:***

I hereby certify that I am the parent or guardian of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

named above, and do hereby give my consent without reservation to the forgoing on behalf of the person named above.

**Parent/Guardian Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**