

Photo/Video Authorization

I hereby authorize release of my child's name and photograph for possible news releases concerning RECONNECT RVC. I understand that RECONNECT RVC may take photographs or videos of the programs or activity in which my child is participating.

I give permission for RECONNECT RVC to use photographs or videos of my child for the purpose of promoting their services/programs in print or electronically

Name of Child _____

Parent/Guardian Name (Printed) _____

Parent/Guardian Name (Signature) _____

Date Signed _____