



MEDIA PERMISSION FORM

Child's Name: _____

Jewish Council for Youth Services frequently highlights its programs and services, and the many good things that are happening throughout the agency. This includes, but is not limited to, articles and photographs in agency publications and newsletters, videos and images on the JCYS website, an article in a local newspaper or on agency-wide social media sites.

I hereby grant permission to JCYS and their affiliate organizations, and members of the local and national media to photograph and/or videotape my child. Students' names will not appear with any image without express permission from a parent or guardian.

I agree to allow my child to participate in media projects without financial remuneration, and I understand that this releases the photographer/videographer and JCYS and all of its officers, employees, Board members, and volunteers from any future claims, as well as from any liability arising from the use of said photograph or video.

When highlighting all the good work that is happening at JCYS, we want to make sure we honor your wishes.

I grant permission.

Parent/Guardian (print name)

Parent/Guardian Signature

Date

I do not grant permission.

Parent/Guardian (print name)

Parent/Guardian Signature

Date