**YTP Publicity Release Agreement**

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

During the course of your student’s participation in the Youth Transition Program, it is possible that your child may be photographed. These images, along with your child’s name, may be used in publications by (school and/or district name here) and/or YTP University of Oregon, or Oregon Vocational Rehabilitation Services (OVRS) to inform the community about the YTP program and related activities.

\_\_\_\_\_ I understand that these publications may discuss aspects of the program my child participates in and may request the donation of equipment, supplies and other materials and services from businesses and citizens in our community.

I DO \_\_\_\_\_ /DO NOT \_\_\_\_\_ (please initial next to your choice) give permission for my child’s image and name to appear in any publicity to be used for the purpose of educating and/or promoting the Youth Transition Program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Parent Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name Printed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name Printed