

## 2017 LEAP Summer Program Information & Likeness Consent Form

I affirm each and every one of the following terms as it relates to (print youth's name) \_\_\_\_\_ (hereafter referred to as the "Participant") participation in the 2017 LEAP Summer Program.

- I give my permission to the LEAP Summer Program and its planning committee to use the Participant's name, photographs, video images, quotation of the Participant's remarks, audio recording of the Participant's voice, and information about the Participant and the circumstances of his relationship with the LEAP Summer Program for registration tracking prior to and during the conference, impact evaluation purposes after the program and fundraising purposes as deemed appropriate by the LEAP Summer Program administrators and the executive director of Adoption Option Inc. I understand that if I would like to exclude permission for any of the aforementioned uses, I must notify the LEAP Summer Program Director, at least three weeks before the commencement of the summer program, in a written letter accompanied by the signature of the parent/guardian who signed this form, which use(s) my consent shall not extend to and my reasons for seeking to prohibit this (those) use(s).
- I give my permission to the LEAP Summer Program and its planning committee to use my name and information about myself and the circumstances of my relationship with the LEAP Summer Program for room assignment and monitoring at Northwood University.
- I understand that I will not be paid for the use of my name, and that I do not have the right to inspect or further approve the use to which my name, likeness, words and/or voice may be applied. I release the LEAP Summer Program and its planning committee and all persons operating under its authority from any liability relating to the use of my name, likeness, words and/or voice or information about the circumstances of my relationship with the program.

(Print) Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

**Please return this form to Adoption Option Inc's PO Box address by May 1, 2017**