**Organization’s Name**

**PUBLICATIONS CONSENT/RELEASE OF LIABILITY FOR Name of Partner School/Organization**

**DATE: Period Covering (e.g., School Year)**

**Parent/Guardian Name (First and Last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of School/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Child/Youth Age Birthdate Gender Race/Ethnicity**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | M / F | \_\_Black \_\_American Indian/Alaskan Native  \_\_Nat. Hawaiian/Pacific \_\_Hispanic \_\_Asian \_\_White |
|  |  |  | M / F | \_\_Black \_\_American Indian/Alaskan Native  \_\_Nat. Hawaiian/Pacific \_\_Hispanic \_\_Asian \_\_White |
|  |  |  | M / F | \_\_Black \_\_American Indian/Alaskan Native  \_\_Nat. Hawaiian/Pacific \_\_Hispanic \_\_Asian \_\_White |
|  |  |  | M / F | \_\_Black \_\_American Indian/Alaskan Native  \_\_Nat. Hawaiian/Pacific \_\_Hispanic \_\_Asian \_\_White |
|  |  |  | M / F | \_\_Black \_\_American Indian/Alaskan Native  \_\_Nat. Hawaiian/Pacific \_\_Hispanic \_\_Asian \_\_White |

This form is used to obtain permission for name of organization to use participant’s artwork, photographs, video footage, and/or statements in publications, media releases, funding/grant applications, social media, name of organization’s website and/or other electronic venues which promote name of organization. The form must be signed whether name of organization is granted or denied permission for use, and the duration of consent or denial is for an unspecified period of time unless name of organization is notified in writing the status has changed. One completed form must be on file per participating child/family.

Name of Organization MAY/MAY NOT USE PHOTOGRAPHS OF, AND/OR ARTWORK AND STATEMENTS MADE BY MEMBERS OF OUR FAMILY DURING THEIR PARTICIPATION IN A *CBSG®* SUPPORT GROUP SESSION.

**PERMISSION GRANTED: -OR- PERMISSION DENIED:**

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

Signature Signature

**RELEASE OF LIABILITY**

I hereby release and waive any and all claims or causes of action against name of organization, its agents, employees, or representatives from any and all responsibility and liability for any injury (personal injury or property damage) arising from any act or omission, negligent or otherwise, of name of organization, its employees, agents or representatives occurring to the above named child(ren) while in the care, custody, or control of name of organization, its agents, employees, or representatives. The undersigned parent and child(ren) assume responsibility for all injuries of any type whatsoever.

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

**Signature of Parent/Guardian**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**