



# Mission:

Motivate, Educate, and Collaborate to promote a drug free lifestyle among youth.

## Media Consent Form

I \_\_\_\_\_, agree to allow photographs/media  
(Student's Name)

taken for Council for Drug Free Youth (CDFY). CDFY may use photographs/media for marketing purposes.

I understand that once my image is used and/or disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient(s).

No identifying information other than the photograph/media will be released and all confidentiality guidelines will be followed in accordance with the law.

I agree to hold CDFY harmless from and against any claim of injury or compensation resulting from the activities allowed by this authorization.

I understand that I can request withdrawal of this release anytime through written notice to the agency.

Name of Person Consenting (Please Print) \_\_\_\_\_  
(Parent's Name)

\_\_\_\_\_  
(Parent Signature) (Date)

\_\_\_\_\_  
Signature Student (if Applicable) (Date)