



Risk Management

Youngstown State University Photo Permission Form

Photographs/Video Release:

I understand that during the program/activity I may be photographed or video recorded. I hereby permit Youngstown State University to publish any photographs and/or videos for the purpose of promoting programs, which include the below named child. I hereby release all right, title, and interest I may have in said photograph/video.

Participants Name: _____

If the participant is a minor:

Parent/Guardian signature: _____ Date: _____

