



Where Georgia comes together.

YOUTH ADVISORY COUNCIL CONSENT FORM

Name of Student: _____

Phone Number: _____

Name of Parent/Guardian: _____

Parent's/ Guardian's Phone Number: _____

I consent for my child, _____, to participate in the City of Perry Youth Advisory Council program ("Council"). I, the undersigned, expressly release the City of Perry, Georgia ("City"), and any of its employees, staff, any elected public official, or any other participating agency/organization from any and all claims arising out of or related in any way to my child's membership to the Council and participation therein.

I consent and agree that photographs and/or video/audio recordings may be taken of my child's participation in this program. I consent that the City may use any such photographs or recordings for educational and/or promotional materials. I further consent that my child's name may be revealed in such materials by descriptive text or community. I hereby release to the Council all rights to exhibit this work publicly or privately, including posting it on the City's website and associated social media platforms. I waive any rights, claims or interests I may have to control the use of my child's identity or likeness in the photographs, video or audio recordings, and agree that any uses described herein may be made without compensation or additional consideration.

By signing this form, I acknowledge that I have completely read and fully understand the above consent and agree to be bound hereby.

Signature of Parent/Legal Guardian: _____

Date: _____