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CONNECTING YOUTH
SHELBURNE COMMUNITY SCHOOL MENTORING PROGRAM
MEDIA RELEASE FORM

I, _____ (Name)
hereby give permission to CSSU to photograph and/or
audio/video record me.

I, the undersigned, also grant CSSU permission to use
photographs and audio/video recordings for purposes
of program development, education or promotion.

I further grant to CSSU and all persons or corporations
acting with its permission or upon its authority the right
to publish and/or publicly exhibit the photographs and
audio/video recordings in any lawful and legitimate
manner for the purposes set out above. The phrase
“publicly exhibit” includes electronic display of
photographs and audio/video recordings via computer,
such as on the Internet.

Signature of Connecting Youth Mentor participant:

Date: _____

Begin contact information

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