

Youth Institute

Photo Release Form

Parent(s) Name(s) _____

Child's Name(s) _____

DOB _____ Phone Number _____

Address _____

I hereby grant permission to Youth Institute to use photographs and/or video of your child(ren) taken at Youth Institute or on outings governed by Youth Institute faculty and staff in publications, news releases, online, and in other communications related to the mission of Youth Institute.

Parent or Legal Guardian Signature

Date

Youth Institute Academy
201-209-7100

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