



Desiring Every Student to Increase Necessary Educational Development™  
Youth Empowerment for the 21st Century Student

**PHOTO/VIDEO/FILM RELEASE  
D2S Summer Success 2024**

In connection with the participation of my child, \_\_\_\_\_,  
in the D2S Summer Success 2024 program, I hereby: (Full name)

1. Grant permission to D.E.S.T.I.N.E.D. to Succeed, Inc. to use without compensation any still photo, video, or film of my child taken during the D2S Summer Success 2024 program for the purposes of use in written, electronic, and web publications.  
\_\_\_\_\_ Yes \_\_\_\_\_ No
2. Grant permission to D.E.S.T.I.N.E.D. to Succeed, Inc. to include my child's first name in connection with any still photo, video, or film. \_\_\_\_\_ Yes \_\_\_\_\_ No
3. Release D.E.S.T.I.N.E.D. to Succeed, Inc., and their trustees, officers, employees, agents, assigns, licensees, volunteers, and successors from any and all claims that may arise regarding any use of images or information permitted pursuant to this release.

\_\_\_\_\_ **No, do not use pictures, video, or film of my child.**

I certify that I am the parent or guardian of the above-mentioned participant, a minor under the age of 18 years. Application of my signature attests that I have read and understand the terms of this photo/film/video release, am competent to execute it, am doing so of my own free will and accord, voluntarily and without duress, and do so intending to bind participant, parent or guardian, executor, heirs and administrators or assigns to the fullest extent allowed by law.

\_\_\_\_\_  
Signature of Applicant's Parent/Guardian

Date: \_\_\_\_\_

\_\_\_\_\_  
Address of Parent/Guardian (if different)

(\_\_\_\_\_) \_\_\_\_\_  
Phone Number

\_\_\_\_\_  
City, State, Zip Code

D2S Summer Success is a program of:



For more information visit us at <http://www.destined2succeed.org>