MEDIA RELEASE FORM

The Rise & Shine Youth Summit may photograph and record portions of the event for promotional and educational purposes.

☐ I give permission for photographs and videos to be used.

☐ I do not give permission.

TELL US ABOUT YOURSELF

First/Last Name: _____

Age: _____ **Grade:** _____ **School:** _____

Parent/Guardian Name: _____**Phone#:** _____

Email address: _____

PARENT/GUARDIAN AGREEMENT

I certify that the information provided is accurate. I understand this is a FREE community event. I agree to follow all event rules and expectations.

☐ Parent/Guardian Name _____ ☐ Date _____

☐ Parent/Guardian Signature _____

SUBMISSION & NEXT STEPS

Please submit this form as well as the activity form to: **lhoward.pmi@gmail.com**

Once your form is received, you will receive an **email with the next steps**.

Thank you for sharing your gifts, creativity, and voice!