



**PREVENT
COALITION**

**Photo/Video Release
Youth and/or Student Participant**

I provide permission for _____ to participate in the
(please print student/youth name)
Use Your Voice: Youth Advocacy Training. Any photographs and/or video recordings of
this event may be used for promotion and reporting by Prevent Coalition/ESD 112 and the
Washington State Department of Health.

Parent/Guardian Name (please print)

Phone

Parent/Guardian Signature

Date