

Life Skills Conference

Photographic Release

I give permission and consent for _____
Name of participant
to participate in all activities, and to allow photographs, videotapes, and interviews to be taken during the *LifeSkills Conference*. I further give permission and consent that any such photographs, videotapes, or interviews may be published and used by the Pennsylvania Masonic Youth Foundation to illustrate, promote, and advertise the conference and other Foundation programs.

Parent or Guardian:

Signature _____

Print name _____

Date _____