









Please complete and submit to a school representative.

Photo	#					

Λ	/ledia	Consent	Form
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Parent/Guardian Name	
Student Name(s)	
School	Grade
I hereby consent to the use of photographs, writings, art the dependent/child(ren) listed above in any promotional County Fatherhood Initiative and the media. I understand publication of the photos and that I will receive no remu	al material published by Fame Fathers/Summit d that signing this release does not guarantee
Parent/Guardian	
Signature	Date
Please complete and submit to a school representative.	Photo #
Media Consent Form	
Parent/Guardian Name	
Student Name(s)	
School	Grade
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