

Name: _____ **Relationship:** _____ **Phone #** (please say home, cell etc...) **other phone #** _____
1. _____
2. _____

Parent/ Guardian Signature: _____ **Date:** _____

Full Name of Parent: _____ **Full Name of Child:** _____

Photography and Video Release

I give the Oneonta Family YMCA , its nominees, agents and assigns, unlimited permission to use, publish and republish, for purposes of advertising and trade for such use as it may determine, information and reproduction of my child's likeness (photographic or otherwise) and voice related to the child's participation in the YMCA programming, with or without identification by name.

Consent of adult or legal guardian

YES _____ **NO** _____

Youth **Members ages 10 and under** must be picked up and dropped off at program area.

*Parents are to wait outside the program area, but remain accessible if needed.

Parents must pick up their children from the pool area unless they are 11 years old or older, in accordance with YUSA Safety

Guidelines for Programming.

Parent/ Guardian Signature: _____ **Date:** _____