



Photo/Video Release

I authorize and release permission for Sioux Empire Safety Village to take photos/videos of myself or my child. The photo/video will be used by Sioux Empire Safety Village for the sole purpose of educating the community or promoting the service of program, activities, and work that is done to assist people of all ages in injury prevention.

Your name (or your child's) will not be displayed on the photo/videos.

I have read the above authorization and understand this will release permission to Sioux Empire Safety Village to show the photo/video to their donors and supporters. I am 18 years of age or older and have the right to contract in my own name or have the approval of my parent/legal guardian as noted below.

Name of participant in photo/video

(Please print)

Signature of participant

(If over 18 years old)

Address

Phone Number

Parent/guardian name (please print)

Signature of parent/guardian

Date