



Photo & Video Consent Form



I hereby grant permission to the City of Minneapolis School Based Clinic Program to use a photograph or video that includes my image in print or electronic publications and displays (i.e. YouTube, Facebook, Twitter, printed brochures and signs).

I understand that the people shown in any photo or video will not be identified by name without his/her prior knowledge and no compensation will be paid to the people shown in this photograph or video.

Participant Name *please print*

Participant Signature

Date

Parent/Guardian Name *please print if participant is under 18 years of age*

Parent/Guardian Signature

Date