 MEDIA RELEASE

**CDS Family & Behavioral Health Services Inc.**

**Interface Youth Program (IYP)**

|  |  |
| --- | --- |
| **NAME:** | **ID #:** |
| **D.O.B.:** | **MEETING DATE:** |
| **ADMISSION DATE:** | **SERVICE COORDINATOR:** |

**MEDIA SOURCE: CDS Family & Behavioral Health Services Inc.,IYP**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby grant ***CDS Family & Behavioral Health Services Inc.,IYP*** and all those acting on its authorized behalf the right to take photographs of, videotape or audiotape my child and to display such images in print or other media for the purpose of sharing information about ***CDS Family & Behavioral Health Services Inc.,IYP***.

I understand that these media images may be used only by ***CDS Family & Behavioral Health Services Inc.,IYP*** (media source). I am aware that my child and/or I may be interviewed and our responses may be used in print by this media source. I also understand that we may be identified by name in the publication. It is solely my decision if I choose to disclose any additional information.

In granting these rights, I understand that I hereby release ***CDS Family & Behavioral Health Services Inc., IYP*** its Directors, Officers,employees, agents and licensees from any and all actions, claims and demands with respect to the above-mentioned photographs, recordings or print content.

I hereby release unto ***CDS Family & Behavioral Health Services Inc.***, ***IYP***all claims to copyright in the above material.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Parent’s Guardian’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Witness

\_\_\_\_\_\_ I do not grant ***CDS Family & Behavioral Health Services Inc.***, ***IYP the*** right to take photographs, videotape or audiotape of my child or myself and display such images in print or other media for the purpose of sharing information about ***CDS Family & Behavioral Health Services Inc.***, ***IYP.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Parent’s Guardian’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Witness