# CONSENT FORM FOR STATEMENTS AND PHOTOGRAPH(S)

I hereby grant permission, and authorize the Department of Services for Children, Youth and Their Families (DSCYF) and the media to take, use and publish my photograph, or a photograph(s) of my minor children; to take, use and publish a video of me or my minor children; and/or to take, use and publish statements by me and/or my minor children for public relations and news media purposes (including newspaper, television or radio stories, documentaries, advertising, reports, Internet websites, displays in state offices or training videos). Additionally, I grant permission and authorize DSCYF and the media to share, use or publish any artwork, video or special project completed by me or my minor children for public relations and news media purposes as indicated above.

I will not hold liable, and I release and discharge the Department of Services for Children, Youth and Their Families, the State of Delaware, any of its employees (individually or officially), the photographer/videographer or the media from liability in equity or in law because the taking, the use of, or the publication of my photograph, photograph(s) of my minor children, videos or statements in its publications.

I waive any right that I may have to inspect or approve the photograph(s), video(s) or other copy that may be used in and published. I acknowledge that I have read this form and fully understand it.

# Youth’s Name (please print): Date:

**Signature:**

**Parent’s Name (if youth is under 18) Printed and signed:**

 **Date:**

**Purpose of photographs/videos/statements:**

Dads Stand Up – To promote the importance of responsible fatherhood by publicly recognizing the unique and irreplaceable contributions good fathers can make to their children. Images to be used in social media and publications to bring awareness to the Delaware Fatherhood & Family Coalition along with the Division of Prevention and Behavioral Health Services while highlighting the importance of prevention focused activities.

Printed & Signed

Name of appropriate DSCYF to grant permission: Pamela Louie, Division of Prevention & Behavioral Health

Name of Division ML: Stephen Perales

Name of Community Relations Coordinator: Andrea Wojcik Date: