

PERMISSION TO PHOTOGRAPH

I GIVE MY PERMISSION FOR _____
(Print child's name)

TO BE PHOTOGRAPHED AT TOWPATH TRAIL YMCA of Western Stark County
FOR THE SOLE PURPOSE OF PROVIDING A PHOTOGRAPH FOR THE PARENT
OR FOR THE CENTER.

(Print parent/caregiver name)

(Signature of parent/guardian)

(Date)

Update: initial and date

I DO NOT GIVE MY PERMISSION FOR TOWPATH TRAIL YMCA TO
PHOTOGRAPH MY CHILD.

(Print name of child)

(Date)

(Print name of parent/guardian)

(Signature of parent/guardian)