



# ASPIRE

## Media Release Form

I \_\_\_\_\_ authorize the ASPIRE project, or their representative to use stories, photographs, video, or audio of me or my youth for ASPIRE related publications, including website, newsletters, or other publications.

- Include my or my youth's name and state in publication
- Do not include my or my youth's name and state in publication

Parent / Guardian Name: \_\_\_\_\_

Youth Name: \_\_\_\_\_

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

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