

YMCA of San Joaquin County

Media Release

Please read and sign on of the following statements.

I, parent/guardian of _____,
understand that from time to time media personnel may desire to use my
above named child's pictures or quotes in their media stories. I also
understand that the YMCA may desire to use the same items in its
marketing pieces. I give my permission for these items to be utilized in this
way.

Parent/Guardian's Name_____

Parent/Guardian's Signature_____

Date_____

I, parent/guardian of _____,
DO NOT want the YMCA or media personnel to utilize my above named
child's picture or quotes in their media stories or marketing pieces.

Parent/Guardian's Name_____

Parent/Guardian's Signature_____

Date_____