

# *Life Skills Conference*

## *Photographic Release*

I give permission and consent for \_\_\_\_\_  
*Name of participant*  
to participate in all activities, and to allow photographs, videotapes, and interviews to be taken during the *LifeSkills Conference*. I further give permission and consent that any such photographs, videotapes, or interviews may be published and used by the Pennsylvania Masonic Youth Foundation to illustrate, promote, and advertise the conference and other Foundation programs.

### ***Parent or Guardian:***

Signature \_\_\_\_\_

Print name \_\_\_\_\_

Date \_\_\_\_\_