

PARENTAL CONSENT FORM
Youth Advisory Council for Congresswoman Maxine Dexter

First name:	Middle Initial:	Last Name:
Street Address:		
City:	State:	Zip:
Email:		

Parent/Guardian Consent

I, the undersigned, am the parent/legal guardian of the above-named minor. I hereby give permission for my child to participate in the Youth Advisory Council listed above. I understand that the event may involve press coverage and that my child may be photographed, videotaped, and/or quoted by media or the event organizers. I acknowledge and agree to the following:

1. **Voluntary Participation:** My child's participation is voluntary, and I understand the nature and purpose of the event.
2. **Media Release:** I consent to the use of my child's name, voice, image, and/or likeness in connection with media, publicity, or promotional materials related to the event.
3. **No Compensation:** I understand that neither my child nor I will receive any compensation.
4. **Liability Release:** I release the event organizers, the office of Congresswoman Maxine Dexter, and all affiliates from any liability arising out of my child's participation.

Signature of Parent/Guardian:

Name: _____

Signature: _____

Date: _____

Phone: _____

Email: _____