



In Control Program Media Release Form

The In Control program at times uses photos, voice-overs and video media in our promotion, education and/or advertising. Images and/or voices of our participants are sometimes used to project a teen friendly atmosphere. Such advertising is used for recruitment, informational, educational and/or promotional purposes only. No payments are made to youth for participating in such advertising.

The In Control program is a collaborative of Planned Parenthood of Central and Western New York (PPCWNY), Baden Street Settlement and Rochester Community Television. I agree that a staff member of In Control, or that agency's official designee, may interview, photograph and/or videotape my child for the purpose of reproducing such interviews, photographs and/or video footage for any and all PPCWNY publications.

My permission to use my child's picture, video and/or voice for educational or promotional purposes is in force until revoked in writing by me.

I give In Control permission to use visual and audio media of my child:

Please print child's name

Parent/Guardian Signature

Date

Participant's Signature

Date

In Control Staff Signature

Date

Please detach for your records.

If you have any questions or comments please feel free to contact us at (585) 328-3408 or (585) 463-3855.

550 E. Main Street, Rochester, NY 14604 www.myincontrol.org



In Control Program Contact Information and Permission Form

Youth's Name: _____

Date of Birth: _____

Youth Phone Number: _____ Youth Email: _____

Youth Address: _____ ZIP Code: _____

Any health issues/allergies? _____ If yes, please specify: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Parent/Guardian Email: _____

Best way to contact parent/ guardian: _____

Parent/Guardian Address: _____ ZIP Code: _____

(Check box if same as youth)

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

I give my permission for my child to attend In Control program activities. All activities take place under the supervision of an In Control staff member.

Activities may include, but are not limited to:

- Engaging in courses of study
- Touring community based organizations and companies
- Participating in local community outreach efforts
- Viewing and discussing television programs and/or films, which may include "Rated R" educational movies
- Creating, producing, voicing and/or acting in videos, plays, songs, radio and/or television programs etc.
- Participating in physical activities (Color Guard, Drum Corps, etc.)

The In Control Program and its participating affiliates assume no responsibility for any accidents or injury as the result of transportation provided to or from sites. In the event your child behaves or conducts themselves in a criminal manner, you are solely responsible for their transportation back home.

I give permission for emergency medical treatment if needed when under In Control supervision. I will not hold In Control accountable for any accidents or injury that may occur as a result of attending events.

Parent/Guardian Signature

Date

Health Insurance Provider & Phone Number

Please detach for your records.

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