

## Consent to Photograph/Videotape/Interview

I, \_\_\_\_\_ hereby authorize Midland Health Explorer Post 1950  
and/or Midland Health to photograph, videotape, and/or interview

\_\_\_\_\_ while they are participating in the Midland Health Explorer  
Youth's Name

Post 1950. I understand that the negatives, prints, or tapes may be used in such a manner deemed necessary by the person(s) taking the photo/video/interview including but not limited to advertising, marketing, and/or publications. The undersigned assumes full responsibility and liability for maintaining the privacy and confidentiality of such recordings/films in accordance with state laws. I understand that I may request cessation of recording or filming at any time.

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

Parent/Guardian Signature: \_\_\_\_\_

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