YMCA at Virginia Tech
Video and Photograph Release Form

Subject: YMCA at Virginia Tech Community Programs

Location: Y Center

I grant to the YMCA at Virginia Tech and its representatives and employees the right to take video and photographs of me and my property in connection with the above-identified subject. I authorize the YMCA of Virginia Tech, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that the YMCA at Virginia Tech may use such videos and photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature ______________________________

Printed name ______________________________

Date ______________________________

If the person signing is under age 18, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of ______________________________, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

________________________________________
(Parent/Guardian’s Signature) (Date)

________________________________________
(Parent/Guardian’s Printed Name)

YMCA at Virginia Tech       www.vtymca.org       540-961-9622