

The Vermont Federation of Families for Children’s Mental Health
Vermont Youth in Transition Grant
P.O. Box 1577 – Williston, VT – 05495

Permission to Use Media

Location: _____

I grant the Vermont Federation of Families for Children’s Mental Health and the Vermont Youth in Transition Grant, (VFFCMH & YIT), its representatives and employees the right to take/use photographs, video, and audio recordings of me and/or my child, and my property. I authorize transferees to copyright, use, and publish the same in print and/or electronic format.

I agree that VFFCMH and YIT may use such media 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: _____

Organization (if applicable): _____

Address: _____

Date: _____

Signature (Parent or guardian if under 18): _____

Printed Name: _____