



MEDIA RELEASE:

I grant permission for any and all photographs and videos of my child(ren) taken during his/her participation with the ASYSST program to be used by ASYSST and Mercer Council on Alcohol and Drug Addiction (MCADA) for promotional use in, but not limited to, television, newspapers, magazines, brochures, camp newsletter, and on-line media (such as Facebook, YouTube, the ASYSST Program and MCADA websites, etc.). I understand that no personal information will be associated with any photographs or videos without my consent and that no compensation is offered. I also understand that all photographs and or videos taken by the ASYSST staff are the property of ASYSST and MCADA.

● Yes

● No

FIELD TRIP ACKNOWLEDGEMENT:

I hereby grant permission for my son/daughter to participate and attend all weekly field trips offered during the ASYSST Summer Program

● Yes

● No

The undersigned does hereby give permission for my child named on page 2, to attend and participate in any ASYSST Teen Summer Program activities, events, and field trips.

Parent /Guardian Signature: _____

Date: _____

Parent /Guardian Signature: _____

Date: _____