

YMCA of San Joaquin County

Media Release

Please read and sign on of the following statements.

I, parent/guardian of \_\_\_\_\_,  
understand that from time to time media personnel may desire to use my  
above named child's pictures or quotes in their media stories. I also  
understand that the YMCA may desire to use the same items in its  
marketing pieces. I give my permission for these items to be utilized in this  
way.

Parent/Guardian's Name\_\_\_\_\_

Parent/Guardian's Signature\_\_\_\_\_

Date\_\_\_\_\_

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I, parent/guardian of \_\_\_\_\_,  
DO NOT want the YMCA or media personnel to utilize my above named  
child's picture or quotes in their media stories or marketing pieces.

Parent/Guardian's Name\_\_\_\_\_

Parent/Guardian's Signature\_\_\_\_\_

Date\_\_\_\_\_