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Heather McCreery, President
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To motivate, educate, and collaborate promoting healthy drug-free lifestyles among youth in mid-Missouri

Media Consent Form

I _____, agree to allow
(Student's Name)

photographs/media taken for Council for Drug Free Youth (CDFY). CDFY may use
photographs/media for marketing purposes.

I understand that once my image is used and/or disclosed pursuant to this
authorization, it may be subject to re-disclosure by the recipient(s).

No identifying information other than the photograph/media will be released and
all confidentiality guidelines will be followed in accordance with the law.

I agree to hold CDFY harmless from and against any claim of injury or compensation
resulting from the activities allowed by this authorization.

I understand that I can request withdrawal of this release anytime through written
notice to the agency.

Name of Person Consenting **(Please Print)** _____
(Parent's Name)

Signature

Date

Signature of Parent or Guardian **(if Applicable)**

Date

Signature of CDFY Staff

Date