



NAME OF AGENCY, NAME OF AFTER-SCHOOL PROGRAM, SCHOOL

**PHOTO/VIDEO/INTERVIEW CONSENT** (To be completed by the parent or guardian)

I certify that I am the parent or legal guardian of \_\_\_\_\_, whose  
date of birth is \_\_\_\_\_. name of child  
month/day/year

I understand that this after-school program features special events both in-school and away from school. Media representatives, newspaper and television reporters, photographers, and public-relations personnel may be present at these special events to record them. In some cases they may interview and/or photograph children who participate in these events. These photographs, videos, and interviews will only be used to promote this after-school program.

I give permission for my child to be photographed or otherwise recorded during after-school events and activities, and for any and all such photographs to be displayed by [NAME OF AGENCY, NAME OF AFTER-SCHOOL PROGRAM, SCHOOL] or New Jersey After 3 in any medium (books, newsletters, web sites, etc.), whether now or hereafter known or developed.

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SIGNATURE OF PARENT OR GUARDIAN  
DATE

If you do not wish for your child to participate in the activities described above, please review this section of this form.

**I DO NOT** give permission for my child to be photographed or otherwise recorded during after-school events and activities. As a result, my child may not be able to participate in these events and activities.

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SIGNATURE OF PARENT OR GUARDIAN

DATE