



Friendship Home  
Public Relations Release

Program Participant's Name: \_\_\_\_\_

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I authorize Friendship Home, Inc. to use the above named Individual's

name  photograph  video

Taken on: Aug. 27 – August 31<sup>st</sup> at Camp YMCA/Friendship

in the following publications/videos/programs:  
Friendship Home's future marketing materials such as our website, brochure, videos,  
Facebook, newsletter (printed and on-line versions)

\_\_\_\_\_

Signature:

Date:

Individual:

\_\_\_\_\_

\_\_\_\_\_

Parent:

\_\_\_\_\_

\_\_\_\_\_

Legal Guardian:

\_\_\_\_\_

\_\_\_\_\_

Other:

\_\_\_\_\_

\_\_\_\_\_

Title:

\_\_\_\_\_

\_\_\_\_\_