

**PLEASE COMPLETE BOTH SIDES AND RETURN TO THE SIGN IN TABLE AS SOON AS POSSIBLE**

**Dearborn Youth Symphony  
Media Release Form**

I hereby give my consent to all photographs, audio recordings, and/or video recordings taken of my minor child, \_\_\_\_\_, by the Dearborn Youth Symphony or their designee. I understand that any such photographs and/or recordings become the property of DYS and may be used by DYS, the Dearborn Parks and Recreation Department, City of Dearborn, or others with their consent, for educational, instructional, or promotional purposes determined by DYS in broadcast and electronic media formats now existing or created in the future.

Please check one of the options below.

Yes, I give my consent.

No, I do not give my consent.

Parent/Guardian Name (please print):

\_\_\_\_\_

Parent/Guardian Signature:

\_\_\_\_\_

Date: \_\_\_\_\_