



CONSENT TO BE PHOTOGRAPHED/FILMED

Name: _____

Address: _____

Phone: _____

Email: _____

I hereby Authorize SWAP (School to Work Alliance Program) to use the following information:

_____ Photographs in any form (Electronic, Printed, Copied..)

_____ Video Clips

_____ Statements (Written or Verbalized) regarding my SWAP experience

I Authorize SWAP to use the items checked above in the following places:

- For Every Use
- OR
- Displayed in the SWAP office
- On the SWAP Website
- On SWAP promotional Brochures
- In the Greeley Community to promote our program

I understand that I will not be compensated by SWAP if they use any of the above materials to help promote SWAP services

Signature of Subject Date

Signature of Parent/Guardian Date