



Congresswoman Donna E. Shalala

Youth Advisory Council Consent Form

7700 N Kendall Dr., Suite 605, Miami, FL 33156
(305)668-2285 <http://shalala.house.gov>

Name of Student: _____

Home Phone Number: _____

Name of Parent: _____

Parent Telephone Number: _____

I consent for my child (name) _____ to participate in the Florida District 27 Congressional Youth Advisory Council Program. I, the undersigned, expressly release the Office of Congresswoman Donna E. Shalala, and any of its members and staff, any participating public official, or any other participation agency/organization from any and all claims, which may arise during the term of my child's membership, if he/she is selected.

I consent and agree that photographs and/or video/audio recording may be taken of my child's participation in this program. I consent that the Office of Congresswoman Donna E. Shalala may use any such photographs or recordings for education and/or promotional materials. I further consent that my child's name may be revealed in such materials by descriptive text or community. I hereby release to the Youth Advisory Council all rights to exhibit this work publicly or privately, including posting it on the Congresswoman's website and associated social media platforms. I waive any rights, claims or interests I may have to control the use of my child's identity or likeness in the photographs, video or audio recordings, and agree that any uses described herein may be made without compensation or additional consideration.

Date: _____ **Parent/Guardian Signature:** _____