

## Congressional Youth Advisory Council Authorization and Release Form

### Office of Congressman Don Beyer

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Email of Parent/Guardian: \_\_\_\_\_

I, \_\_\_\_\_, parent/legal guardian for \_\_\_\_\_ (“my child”) authorize my child to participate in Congressman Don Beyer’s Congressional Student Advisory Council. I, the undersigned, expressly release the Honorable Don Beyer, U.S. Representative for the 8th Congressional District of Virginia (the “Member”), and any of his employees, staff, and agents, the U.S. House of Representatives, the United States, any participating public official, or any other participating agency/organization from any and all claims, which may arise during or relate to the term of my child’s membership, if he/she is selected. I authorize photographs and/or video/audio recordings to be taken of my child’s participation in this Program. I authorize the Member to use any such portrait, picture, color or black and white photograph, videotaped image, audiovisual, recordings, or any other reproduction of my child obtained during or in connection with the Program containing my child’s voice or image (collectively, my child’s “Image”) for any purpose relating to the Member’s official duties. I understand that the Member may use the Image in other media or other technologies for worldwide distribution, including, but not limited to, for educational and/or promotional materials, and I grant my authorization for such use.

I authorize the Member to use my child’s Image to publicize his or her participation in the Program. I further authorize the use of my child’s name in conjunction with the Member’s use of the Image, as well as the use of any oral or written statements my child made (“Statements”), for any purpose relating to the Member’s official duties, which Statements may be attributed to my child by name or otherwise. I hereby release to the Program all rights to exhibit my child’s work from the Program publicly or privately, including, but not limited to, posting it on the Member’s website and associated social media platforms. I agree, on behalf of myself and my child, to release and hold harmless the Member, the U.S. House of Representatives, their employees and agents, and the United States from any and all liability for the use of my child’s Image or Statements and agree that any uses described herein shall be made without compensation or additional consideration. I waive any rights, claims, or interests I may have to control, inspect, or approve the Member’s use of the Image or Statements. I also understand that the Member is under no obligation to use the Image or Statements for any purpose.

I have read and understand the terms listed above.

By: Parent’s/Guardian’s Signature: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_