HELP YOURSELF PROGRAMS

PICTURE AND AUDIO VISUAL MATERIAL
RELEASE FORM

As a parent/guardian of ____________________________, I give the Beloit College
Print Student's name
Help Yourself Programs permission to use pictures and other audio-visual recorded
materials of this student for appropriate publication and marketing materials, and
program website purposes.

Date: __________________________

(1)  
Printed Name of Parent/Guardian  
Signature of Parent/Guardian

(2)  
Printed Name of Parent/Guardian  
Signature of Parent/Guardian

☐ I do not give the Beloit College Help Yourself Programs permission to use
pictures and other audio-visual recorded materials of this student for appropriate
publication and marketing materials, and program website purposes.