



recognizing depression • preventing suicide

LifeAct
(formerly known as Suicide Prevention Education Alliance - SPEA)
Youth Advisory Board – Photo and Name Consent Form

Dear Parent or Guardian:

LifeAct requires that the parent or guardian of all LifeAct Youth Advisory Board members complete this form.

NOTE: LifeAct Youth Advisory Board members who are over 18 years of age complete a separate form.

We seek your permission to utilize your child’s name, photo or any video of your child on LifeAct’s web site, in a press release, or in any other LifeAct publication.

Please complete the following, sign and return to LifeAct. If you have any questions, please contact our office at 216.464.3471.

____ I give permission for LifeAct to use my child’s likeness in any photo or video publication, including on its web site and I understand I will receive no compensation for this permission or any publication, and that the liability waiver form I signed applies to video and photo shoots.

____ I DO NOT give permission for LifeAct to use my child’s likeness in any photo or video publication.

____ I give permission for LifeAct to use my child’s name in any publication, including on its website.

____ I DO NOT give permission for LifeAct to use my child’s name in any publication, including on its website.

Date: ____ / ____ / ____

Signature: _____

Print Name: _____