



Media Permission Form

Name: _____

I give permission for photographs of my child/myself (if over 18 years old) to be taken while participating in the Medicine Wheel Youth employment program. Additionally, I give permission for my child/my artwork to be used and shared. These photographs and artwork may be used in newsletters, brochures, newspapers, TV shows, websites, or other Medicine Wheel promotions/public relation publications as approved by Medicine Wheel Productions.

(If youth is under 18 years old)

Parent/Guardian signature: _____ Date: _____

(If youth is 18 years or older)

Youth's signature: _____ Date: _____

I do not want any photographs or artwork of my child/myself used in any type of media.

Parent/Guardian signature: _____ Date: _____

Youth's signature: _____ Date: _____

PHONE: 617-315-7318, www.mwponline.org