



**Teens Opposing Poverty, Inc
Impact the Valley
Photo/Video Release Form**

**THIS FORM IS DUE NO LATER
THAN June 22 2025**

Name: _____ DOB: _____

Address: _____ Gender: _____

Phone Number: _____

Group Name: _____

Age of participant: _____

I give my express consent to Teens Opposing Poverty, INC (TOP) and their agents to make photo, video, website content conference graphics and publications. I understand that any images or other form of media deemed offensive or otherwise will not be circulated to the public and will be erased, edited, or destroyed as deemed appropriate.

Any form of media will be the sole and exclusive property of (TOP).

Signature of Participant: _____ Date: _____