



Youth Photo Release Authorization Form

Work Zone Educational Activity Book or Experience Camps

I, _____, the parent or legal guardian of _____ [Child] grant the *American Traffic Safety Services Foundation (ATSS Foundation)* and the *American Traffic Safety Services Association (ATSSA)* permission to use the photographs described as related to the Work Zone Educational Activity Book and/or Experience Camps Travel Scholarship or Experience Camps attendance for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising and web content.

I hereby irrevocably authorize ATSS Foundation and ATSSA to edit, alter, copy, exhibit, publish or distribute these photos for any lawful purpose. Additionally, I waive any right to royalties, fee or other compensation arising or related to the use of the photo.

I hereby hold harmless, release and forever discharge ATSS Foundation and ATSSA from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE.

Parent/Guardian's Signature: _____ **Date** _____

Parent/Guardian's Name: _____

Child's Name: _____

Parent/Guardian's Email address: _____

Phone Number: _____

____ Activity Book photo(s) ____ Experience Camps photo(s)