



SEOTS Youth Program Photo Release

I, _____, the parent/legal guardian of
_____ (participant) grant Southeastern Oneida Tribal Services and their
employees, officers, chaperones, partners, and volunteers, my permission to use the photographs
and/or videos as it relates to the 2024 Summer Youth Programs for any legal and unrestricted use,
including but not limited to: publicity, copyright purposes, illustration, advertising, and web content. I
also agree to waive any rights of compensations or ownership thereto.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____

Phone Number: _____

Participant's Name: _____