RITCHIE TORRES
Representing the 15th District of New York

Youth Advisory Council Consent Form

Name of Student: _____

Phone Number: _____

Name of Parent/Guardian: _____

Parent/Guardian Phone Number: _____

I consent for my child (name) _____ to participate in the Congressional Youth Advisory Council Program hosted by the Office of Congressman Ritchie Torres, representing New York's 15th Congressional District, if selected.

I understand that participation in the Congressional Youth Advisory Council may include meetings, discussions, educational activities, community engagement, public events, and other activities organized or sponsored by the Office of Congressman Ritchie Torres.

RELEASE OF LIABILITY

I, the undersigned, expressly release and hold harmless the Office of Congressman Ritchie Torres, its members and staff, participating public officials, agencies, organizations, and program partners from any and all claims, liabilities, or demands that may arise in connection with my child's participation in the Congressional Youth Advisory Council, to the extent permitted by law.

PHOTOGRAPHY, VIDEO, AND AUDIO CONSENT

I understand and agree that photographs, video recordings, and/or audio recordings may be taken of my child during their participation in the Congressional Youth Advisory Council.

I give permission to the Office of Congressman Ritchie Torres to use such photographs, video, and/or audio recordings for educational, informational, community outreach, promotional, or

other official purposes related to the work of the Congressman and the Congressional Youth Advisory Council.

I further consent to my child's name being used in connection with such materials, including through descriptive text, captions, program materials, newsletters, publications, the Congressman's official website, and associated official social media platforms.

I hereby grant the Office of Congressman Ritchie Torres and the Congressional Youth Advisory Council the right to display, reproduce, publish, and distribute such photographs, recordings, and related materials publicly or privately, including on the Congressman's official website and official social media platforms.

I waive any rights, claims, or interests I may have to control the use of my child's name, image, likeness, voice, or participation in photographs, video, or audio recordings covered by this consent. I understand that these materials may be used without compensation or additional consideration.

I acknowledge that I have read and understand this consent and release form and voluntarily provide my consent for my child to participate in the Congressional Youth Advisory Council Program.

Date: _____ Parent/Guardian Signature: _____