

**PARENTAL OR LEGAL GUARDIAN'S CONSENT  
OF RELEASE OF NAME AND PHOTOGRAPHIC REPRESENTATION:**

I, \_\_\_\_\_, the Parent or Legal Guardian of,  
\_\_\_\_\_, do hereby grant to the City of Milton and/or  
any legal representative of the City of Milton, the right to photograph or to have  
my child photographed; to release the photograph and/or my child's name to be  
published for purposes relating to the City of Milton Youth Council.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
Date

**Received by the City on:**

Date \_\_\_\_\_

By \_\_\_\_\_