

Parental Consent and Photo Release

Illinois 10th Congressional District STEAM Scholars Program

Parental Consent Authorization:

I hereby authorize my daughter/son, _____, to participate in the Illinois 10th Congressional District STEAM Scholars Program. I understand that services are offered on a voluntary basis. I agree to assume all risks for injuries resulting from my daughter/son's participation in volunteer activities.

Parent/Guardian Signature: _____ Date: _____

Parent Guardian Name: _____

Photo Release Authorization:

Congressman Brad Schneider and staff associated with the Schneider Office have my permission to use and publish my, or my child's photograph in the media or other official communications platforms, such as the Schneider Office website, newsletter, press releases, social media, etc., including the World Wide Web, to promote the Illinois 10th Congressional District STEAM Scholars Program. I understand that I will receive no compensation for any photos taken.

Parent/Guardian Signature: _____ Date: _____

Parent Guardian Name: _____

Student's Name: _____