



# DIPATTAMENTON ASUNTON MANHOBEN

Department of Youth Affairs

Government of Guam

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## [ ] HAYA [ ] KATTAN [ ] LAGU COMMUNITY SOCIAL DEVELOPMENT UNIT

### CONSENT FOR THE USE OF NAME/PHOTOGRAPH/VIDEO IMAGE FOR PUBLICATION/VIDEO & MUSIC PRODUCTION FOR THE DEPARTMENT OF YOUTH AFFAIRS PUBLIC PROMOTION/EDUCATION/INFORMATION

- [ ] I DO **NOT** consent to the use of *my name* and/or photograph/video image.  
 [ ] I DO **NOT** consent to the use of *my child's name* and/or photograph/video image.

- [ ] I **DO** consent to the use of *my name* and/or photograph/video image.  
 [ ] I **DO** consent to the use of *my child's name* and/or photograph/video image.

I [parent/guardian printed name] \_\_\_\_\_, agree (as marked above) to allow the use of my name or my child's name \_\_\_\_\_ and or photograph/video image for publication in a mass-distributed print medium, and/or mass electronic medium as it relates to the Department of Youth Affairs (DYA) and its programs/activities. I agree (as marked above) to the use of my or my child's photo/video image for promotional and/or educational purpose for DYA programs, events, and activities. I agree (as marked above) to the use of my or my child's personal subject matters, **ONLY** as it relates to DYA programs, activities and events, to be used to help promote, inform, and educate the public regarding the programs, activities, and events of DYA. I understand that there is no compensation made for such use of my name and/or photograph and/or video image, and I release to DYA all rights to their use. I understand that DYA, although providing information and photographs to the news media, is not responsible for the outcome of any news story or final publication. I understand that the news media have full editorial control of the content.

By signing below, I grant DYA full consent (as marked above), and will not hold DYA liable for any consequence of the publication/use of my or my child's name and/or photo/video image.

\_\_\_\_\_  
Parent/Guardian (Print & Sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
DYA Representative (Print & Sign)

\_\_\_\_\_  
Date

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