

Youth Lobby Day

“Raising Voices, Raising Awareness”

April 8, 2008

12:00 – 4:00 p.m.

Great Hall, State Capitol, St. Paul

Registration Form

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Are you attending as part of a group? Yes _____ No _____

If yes, which group? _____

Will your parent(s) be joining you? Yes _____ No _____

Photos may be taken at the event. Please have your parent(s) review and sign the photo release form on the other side of this form.

Please return form to:

Amy Kodet, Public Policy Intern

MOAPPP

1619 Dayton Ave, Suite 111

St. Paul, MN 55104

Fax: 651-644-1447

Phone: 651-644-1447 x17

Or email: publicpolicyintern@moapp.org

Photo/Model Consent and Release Form for Minors

I hereby consent to use, by Coalition for Responsible Sex Ed, the absolute and irrevocable right and permission, in respect of the photographs and/or video taken of my child by Coalition for Responsible Sex Ed or photographers working for or with the Coalition and as defined below, hereinafter referred to as Photographs, to copyright the same, in the Coalition for Responsible Sex Ed's own name or otherwise; to use, re-use, publish and re-publish the same in whole or in part, individually or in conjunction with other photographs or video, and in conjunction with any printed matter in any and all media now or hereafter known, and to use for illustration, promotion, art advertising, stock and trade, or any other purpose whatsoever.

I hereby release and discharge Coalition for Responsible Sex Ed and its officers, directors, employees, and agents from any and all claims and demands arising out of or in connection with the use of the Photographs, under the terms and condition as herein stated, including without limitation any and all claims for libel or invasion of privacy. This authorization and release shall also inure to the benefit of the heirs, legal representatives, licensees, and assigns of Coalition for Responsible Sex Ed.

I, being the parent or guardian of the minor named below, have the legal authority to sign this Consent and Release and hereby consent to and join in the foregoing Consent and Release on behalf of such minor.

Signature of Parent/Guardian

Date

Print Name

Name of Minor

Address

City, State, Zip

Telephone Number