

Contact and Information Release

(To be filled out by parent)

I, _____ (parent/guardian), authorize **Youth Services of Kittitas County** to exchange information with the following individuals or agencies regarding my child, _____, in order to enable **Youth Services of Kittitas County** to provide appropriate and effective services:

School Districts: Ellensburg/Kittitas/Thorp/Cle Elum-Roslyn

Bright Beginnings of Kittitas County

Washington State Department of Social & Health Services (DSHS)

Juvenile Justice Center/Police Department

Comprehensive Health Care

Counselor: _____ Other: _____

In addition, I authorize the following:

_____ (initial) I give my consent to the use of photographs, videotapes, DVD, film and recordings of me and/or my child for use by Youth Services of Kittitas County for the purpose of promotion, marketing and recruitment.

_____ (initial) In giving this consent, I release Youth Services of Kittitas County, its officers, directors, agents, employees and assigns from any liability for any violation of any personal property rights which I might have in connection with such materials and waive any right to approve accompanying written or narrative material.

_____ (initials) I affirm that I am 18 years of age or older and have the right to enter into this agreement by signing below.

Confirmed and agreed to: _____
Signature of Parent/Guardian Date

Printed Name Date