

## Youth Apprenticeship Program Digital Media Release Form

### Parent/Guardian Agreement

#### Photo and Media Release

I, \_\_\_\_\_  
(*name of parent/guardian*)

give permission to the **BioPharmaceutical Technology Center Institute (BTC Institute)** and **Promega Corporation** to photograph, video record, and/or otherwise capture digital media of my child:

\_\_\_\_\_  
(*name of student*)

I understand that these materials may be used for the purpose of sharing information about educational activities with the public through electronic means (including websites, internet, and social media platforms) and printed materials (such as brochures, newsletters, and reports).

I acknowledge that:

- These images and recordings may be used without restriction for the purposes stated above.
- No financial compensation will be provided for use of these materials.
- All rights to the media remain with the BTC Institute and Promega Corporation.
- I may revoke this consent at any time by providing written notice, and future use of media will cease upon receipt of such notice.

\_\_\_\_\_  
Parent or Guardian Signature

Date \_\_\_\_\_