



# HOUSE OF TIMOTHY

EDUCATE • EQUIP • EMPOWER

## **MEDIA USE CONSENT FORM**

I permit the Mentoring Program staff and the House of Timothy, Inc. to utilize photographs, videos, and other social media outlets of my son taken during his involvement in the mentoring program and waive all rights of compensation.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Printed name of Parent/Guardian)

Date \_\_\_\_\_

Thank you!