



Congresswoman
VERONICA ESCOBAR
 Texas' 16th Congressional District

**Office of Congresswoman Veronica Escobar Congressional Youth Advisory Council
 Legal Guardian Authorization and Media Release Form**

Legal Guardian Consent Statement

I hereby authorize my child, _____, to participate in Congresswoman Veronica Escobar's Congressional Youth Advisory Council (CYAC). I understand that services to the Congresswoman are offered on a voluntary basis, and I will be held accountable for transportation for my child and ensuring that my child reflects the CYAC with dignity and integrity.

Additionally, I, the undersigned, expressly release the Office of Congresswoman Veronica Escobar, and any of its members and staff, any participating public official, or any other participating agency/organization from all claims that arise during the term of my child's membership, if they are selected.

Media Release Statement

If selected as a member of the CYAC, I, _____ hereby authorize the Office of Congresswoman Veronica Escobar to use photographs and/or video/audio and any other applicable media taken of my child's participation. I further consent that my child's image (including voice, portrait, picture, name, etc.) may be used in media materials released from the Office of Congresswoman Veronica Escobar. I waive any rights, claims, or interests to control the use of my child's image and understand this media can be published publicly or privately without compensation or additional consideration.

I hereby release and hold harmless the Congresswoman, the U.S. House of Representatives, their employees and agents, and the United States from all liability for all claims arising out of or relating to the use of my child's image.

I have read and understand the terms listed above.

Student's Printed Name (CYAC Applicant)

Student Signature

Date

Legal Guardian's Printed Name

Legal Guardian Signature

Date

Legal Guardian's Phone Number

Legal Guardian Email