



*This form must be completed for all 2017 Teen Wellness Conference participants **under 18 years old.***

I, (please print your name) \_\_\_\_\_, give permission for my child  
(please print child's name) \_\_\_\_\_ to attend the 2017 Teen Wellness  
Conference at Microsoft's Mountain View campus on September 30th, 2017 from 10 AM–4PM.

From time to time, picture(s) or video(s) of participant activities may be taken at the conference. I give my permission for the Teen Wellness Conference to use photograph(s) and video(s) of my child in its promotional materials and publicity efforts. I understand the photograph(s) and video(s) may be used in a publication, direct-mail piece, digital media, or other form of promotion. I release the conference, photographer, videographer, and/or writer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use.

The Teen Wellness Conference respects your child's privacy and aims to serve as a safe space for participants to converse and learn freely. We keep this in mind when taking photograph(s) and video(s).

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

**Please email a picture or scan of this completed form to [teenwellnessconf17@gmail.com](mailto:teenwellnessconf17@gmail.com) by Wednesday, September 27th.**

Any questions can be sent to Nadia Ghaffari at [nadiaghaffari@gmail.com](mailto:nadiaghaffari@gmail.com). Learn more about the conference here: [www.teenztalk.org/conference](http://www.teenztalk.org/conference)

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