



## INDIANA YOUTH INSTITUTE Parent Consent and General Photo Release

Please email the completed form to [vista\\_fdm@iyi.org](mailto:vista_fdm@iyi.org) or fax to (317)396-2701.

### MENTOR:

I, (please print) \_\_\_\_\_  
grant the Indiana Youth Institute (IYI) and the Indiana Mentoring Partnership (IMP) permission to use the content provided in my March Mentoring Madness registration form as well as my photograph(s) and/or video in IYI and IMP publications and Web sites.

Name of Mentor \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

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

### MENTEE:

I, (please print) \_\_\_\_\_  
grant the Indiana Youth Institute (IYI) and the Indiana Mentoring Partnership (IMP) permission to use the content provided in my March Mentoring Madness registration form as well as my photograph(s) and/or video in IYI and IMP publications and Web sites.

Name of Mentee \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

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

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

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