

**CONSENT OF SUBJECT  
RELEASE FORM**

I/we hereby consent to, and authorize the use and reproduction by  
Leadership Lake County, Inc.,  
of any and all photographs and/or videotape of

\_\_\_\_\_ 's participation  
(student name)  
in the LLC program  
for the purpose of promotion, without compensation.



**FOR SUBJECTS UNDER AGE 18.....**

I hereby certify that I am the parent or legal guardian of the student named above,  
and do hereby give my consent without reservation to the foregoing, on behalf of him/her.

Parent/Guardian Name: \_\_\_\_\_

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

Witness for LLC: *Dione DeMitro, LLC Youth Program Director*