



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

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Photography & Recordings ***Non-Consent*** Form

I, the undersigned, DO NOT give permission to use photographs or recordings of my child listed below in any published works, promotional materials or public viewing. I understand and agree that this non-consent is in affect for one year from the date below.

Child's Name: _____ DOB: _____

Parent's Name: _____

Signature: _____ Date: _____

INTERNAL USE ONLY!

Received: _____

Expires: _____

Notes: _____
