

Lower Naugatuck Valley Youth Recognition Project

Sign Up/Release Form

**Nominee Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

City: \_\_\_\_\_ Age: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

School Name: \_\_\_\_\_

Please attach a word document with this form that tells the story of the above-named youth. Provide as much detail as possible. This information will be used in the final write-up. Also, please include a picture or a link to a video that we may use to accompany the write-up.

**Parent/Guardian information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

**Parent Consent**

I hereby assign and grant to the Valley Council of Health and Human Services and the Valley Independent Sentinel the right and permission to use and publish the story, photographs, and/or video submitted by me this date, and I hereby release the Valley Council of Health and Human Services and the Valley Independent Sentinel from any and all liability from such use and publication.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_