

Anpetu Luta Otipi
Comprehensive Alcohol and Substance Abuse
Treatment and Prevention Program

**Voluntary Agreement:
Parental Permission Slip for Health Promotion Media**

I give my permission to the Oglala Sioux Tribe - Anpetu Luta Otipi (ALO) to use my child's image, voice recording, or video in the development of health promotional disease prevention material and health communications. I understand that my child [_____] will serve as a model for ALO's public health media campaigns and health communications efforts and that there will be no financial compensation for the use of my child's time or image. By providing my signature below I am acknowledging the importance of health communication material representing the communities which they are targeting, and I understand that my child's participation will assist ALO achieve this goal. I understand that the photographs, video, and voice recordings taken by ALO, or designated contractor, will possibly be altered and reproduced and disseminated. Dissemination could include a variety of formats including, but not limited to posters, radio and television PSA's, data reports and best practice manuals, and website and electronic communications. I understand that if I have provided copies of my child's likeness, these products may be altered, reproduced, and disseminated. I understand that my child's involvement is completely voluntary and my right to decline has been explained to me.

Signing below indicates that I have read and consent to the previous statement and ALO has my permission to use my child's likeness in the reproduction of health promotion and Health communication materials.

Youth Volunteer's Name [Print Legibly]

Youth Volunteer's Signature (Assent)

Parental Signature (Consent)

Date: _____

Date: _____