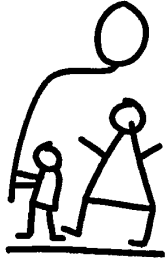


APIN

Adolescent Parent Interagency Network



I, _____, hereby agree to allow any photos taken of me, during the Adolescent Parent's Day, held by APIN, to be used for the purposes of;

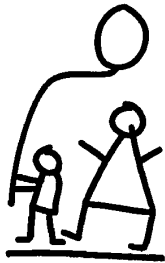
- documenting this event on the APIN website and the APIN newsletter
- promoting future APIN events

I understand that these photos will not be used for any other purpose.

Signed: _____ November 18, 2010

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