



DESCRIPTION OF ROLE

This waiver is for participants in the 2023 Children's Mental Health Week PhotoVoice Exhibition, a partnership between Families and Youth of Idaho and The College of Idaho.

PHOTOVOICE PARTICIPATION

I agree that to participate in this Mental Health Photovoice Project I will share my photos and accompanying description with Families and Youth of Idaho and The College of Idaho.

I agree that my photos will follow these ethical guidelines:

- The only person who should be identifiable in the image is the photographer. You won't have permission to photo others in ways they can be identified.
 - Taking pictures of someone/a group from the back is often okay.
 - In order to be unidentifiable, the subject's face cannot be seen in the photo
- Photos should always show respect for the people in the pictures.
- Photographs should not:
 - Be taken in areas where privacy can be expected (i.e., restrooms)
 - Show anyone engaging in illegal activity or other types of activity that could get them in trouble

SIGNATURE OF PARTICIPANT

I certify that I have reviewed and understand the above and all information is true and correct and I agree to participate in the PhotoVoice project:

Signature: _____

Printed Name: _____

GALLERY PARTICIPATION AND ARTWORK RELEASE

Complete this section if you would like to have your photos displayed in an online gallery and/or in a physical gallery with images taken by other youth in the area. The online and physical galleries are to help raise awareness around mental health impacts and experiences of youth in Idaho.

PHOTO RELEASE

- I hereby authorize FYIdaho and the College of Idaho to share my photos and description I have submitted as it pertains to the Idaho Mental Health Month photo galleries.
- I further acknowledge that my participation is voluntary and that I will not receive financial compensation for the displaying of my photos.



- I understand FYIdaho and the College of Idaho will not have financial gains from the use of my photos but will use my photos and description to bolster awareness around mental health.
- I acknowledge that FYIdaho and the College of Idaho will be displaying my photos and accompanying description, if provided, at an art display event and potentially online through social media channels and the FYIdaho website to raise awareness about mental health.

SIGNATURE OF PARTICIPANT

I certify that I have reviewed and understand this entire document and all information is true and correct and I agree to have my photos and description used by FYIdaho and the College of Idaho in a photo gallery to raise awareness for mental health.

The participating individual is: Above the age of 18 Under the age of 18*

Signature: _____

Printed Name: _____

Address: _____

If you are okay with any of the photos you took being used check here

If you want only certain photos used please describe them here:

Do you want your photos included in the online gallery: YES NO

Do you want your photos included in the physical gallery: YES NO

It is your choice as to if your name is included in the gallery or not. If you do not want your name included we will list the photographer as anonymous. Please discuss this with your guardian when obtaining their signature.

Do you want your name included with your photo(s)?

YES NO

Do you want your name included as a part of a list of youth that participated in the project?

YES NO

***SIGNATURE OF PARENT, GUARDIAN OR LEGALLY RESPONSIBLE ADULT IF PARTICIPANT IS UNDER 18**

I certify that I have reviewed and understand this entire document and am signing on behalf of the above named minor as noted above for whom I am legally responsible.

Signature: _____

Printed Name: _____

Child's Name: _____

Child's Age: _____

Address: _____



THE COLLEGE
of IDAHO