



And



Institute of Counseling
and Psychoanalytic Studies
New Jersey's BGSP Campus

Formerly BGSPNJ

Teen Support Group

Parental Release Form

Date: _____

Participants Name: _____ Date of Birth: _____

Parent/Guardian Name: _____ Phone Number: _____

email: _____

As the parent or legal guardian of the child named above, I hereby give my full consent and approval for my child to participate in the **Teen Support Group** hosted by ACAP and ICPS and facilitated by Marguerite DeRosa. I completely understand and realize that participation in the group will be virtual using Zoom and will involve art making tasks.

I grant to ACAP and ICPS its representatives and employees the right to take photographs and video recordings of my child and their artwork created in the **Teen Support Group** in connection with the above-identified subject. I authorize ACAP, to copyright, use and publish the same in print and/or electronically.

I agree that ACAP and ICPS may use such photographs and video recordings of my child with or without their name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and agree to the above:

Parent/Guardian name: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

301 S. Livingston Ave. Livingston, NJ 07039

973-629-1002

www.acapnj.org