

## MINOR PHOTO RELEASE FORM

I \_\_\_\_\_, the parent or legal guardian of  
\_\_\_\_\_ of the School

\_\_\_\_\_ grant \_\_\_\_\_ my permission to use the  
photographs described as

for any legal use, including but not limited to: publicity, copyright purposes, illustration,  
advertising, and web content.

Furthermore, I understand that no royalty, fee or other compensation shall become  
payable to me by reason of such use.

Location \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_