

PHOTO RELEASE

I, the undersigned parent or guardian of the below-named minor child[ren], hereby grant permission to _____ (Name of Organization), and any and all of its parent or affiliated entities, (collectively, "Organizations") to photograph, video, or make audio recordings of me and/or the below-named minor child[ren], and to use any resulting likeness of me and/or such minor child[ren] in photographs, videos, audio recordings or any digital media (collectively, "photos") in any and all publications, including web-based publications, without payment or other consideration.

I understand and agree that all such photos will become the property of the Organizations and will not be provided to me. However, that if I request copies of any such photos, the Organizations may, in their sole and absolute discretion, provide me with such copies and charge me a fee therefor, as determined by the Organizations.

I hereby irrevocably authorize the Organizations to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness and/or the likeness of the below-named minor child[ren] appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of any such photo.

I hereby hold harmless, release, and forever discharge the Organizations, and each of them, and their respective officers, directors, employees, volunteers and agents, from all claims, demands, and causes of action which I and/or the below-named minor child[ren], or our respective heirs, representatives, executors, administrators, or any other persons acting on behalf of us or our respective estates, have or may have in connection with the making or use of the photos described herein.

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE.

The name[s] of the above-described minor children:

Dated: _____

(Signature of Parent/Guardian)

(Print Name)

Dated: _____

(Signature of Parent/Guardian)

(Print Name)