



PHOTO RELEASE FORM

MINOR CHILD'S NAME _____

PARENT(S) _____

ADDRESS _____

PHONE _____ OR _____

EMAIL _____

_____ **I DO** give permission for my child's picture to be used by the Rye Youth Council on their website or any other publication in conjunction with Rye Youth Council programs, with the understanding that his/her name will not be used with the photo nor will he/she be identified in any other way.

_____ **I DO NOT** give permission for my child's picture to be used by the Rye Youth Council.

Parent/Legal Guardian Name (print)

Parent/Legal Guardian Signature

Date