

## Photo Release for Minors (if Under 18)

The Charlotte Starlings has my permission to use my or my child's photograph publicly to promote the program. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

Parent/Guardian's signature:	Date:
Parent/Guardian's Name:	
Child's Name:	
Phone Number:	
Email Address:	
I DO NOT WANT MY CHILD'S PHOTO	USED FOR PUBLIC DISPLAY
Photo Rele	ase for Adults
the program. I understand that the image publications, presentations, websites, and	on to use my photograph publicly to promote es may be used in print publications, online d social media. I also understand that no become payable to me by reason of such
Signature:	Date:
Name:	
Phone Number:	
Email Address:	
I DO NOT WANT MY PHOTO USED F	OR PUBLIC DISPLAY