**(Your RSO) Photo Consent for Minors**

(Name and date of event)

□ I do

□ I do not

grant permission to (Your RSO) and to those acting with its permission to take photographs and/or make video recordings of my child at the (name and date of activity). This material may be retained and used by (Your RSO) only in (Your RSO) print and electronic publicity and on the (Your RSO) website. Such material will not identify my child by name, unless otherwise permitted by me.

I understand that I have no ownership interest in the photograph(s) or materials in which my child is included and that I will not receive payment of any kind for their use. I understand that my child’s name will not be used. I release (Your RSO) and its assignees from any claims arising from the use of such photographs in the ways described above.

Printed Name of Child:

Printed Name of Parent/Guardian:

Signature of Parent or Guardian:

Date: