



## PHOTO RELEASE

I am aware that photographs or video may be taken of me or my child while involved with ESCAPE Ministries or any partnering organizations or program. Escape staff members, professional photographers, news media or volunteers may take these photographs. I understand that my child is not *required* to have his/her photo taken.

I waive the right to see or approve any publications that contain photographs of me or my child.

I give ESCAPE Ministries and its representatives permission to use photographs or video that include my child in any and all media products including but not limited to promotion, art, advertising, editorial or other purpose. This may include but is not limited to newsletters, both print and email, posters, brochures, ads, post cards and web pages.

I certify that I have read the above authorization, release, and agreement, and fully understand what this document says.

\_\_\_\_\_ **Yes**, I agree to above stated photo release.

\_\_\_\_\_ **No**, I do not agree to above stated photo release.

Participant Printed Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Printed Name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_