

MINOR CHILD PHOTO RELEASE FORM

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_ grant Summit Township permission to use the photographs described as “Summer Rec Program” for any legal use, including but not limited to: newsletter, program flyers, social media and web content.

Furthermore, I understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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