

**CHILD PHOTO RELEASE**

I/We, \_\_\_\_\_, hereby certify that I/we am/are the parent(s), or legal guardian(s), of the following minor child or children:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Parent/Guardian Contact Information:**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

\_\_\_\_\_ Telephone Number: \_\_\_\_\_

I/We give permission for my/our child or children to be photographed by \_\_\_\_\_, (the "Photographer"), and any of the images of my/our child or children resulting from such photography to be used for any lawful purpose by the Photographer.

I/We agree that the Photographer will be the sole owner of any of the images of my/our child resulting from such photography and that the Photographer does not have to obtain further approval to use them at any time. I/We and our child or children unconditionally release the Photographer and its agents, representatives, and employees from any claims or actions arising from the conduct described in this release.

I/We have read and understand this release and agree to be bound by its terms. I/We am/are over 18 years of age and am/are authorized and competent to sign this release. I/We understand that this release will remain in effect indefinitely.

DATED: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian

DATED: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian



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