**PHOTO/VIDEO RELEASE FORM FOR MINORS**

**EVENT:**

**DATE:**

**LOCATION:**

I grant permission to **Kids Draw Bob 501(c)(3)** to the use of my child’s photograph, in video or still in connection with the above-identified event. I authorize **Kids Draw Bob 501(c)(3),**its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that **Kids Draw Bob 501(c)(3)** may use such photographic, audio, or video recordings with or without my name and for any lawful purpose, including such purposes as educational materials, film, media, news, online/ internet videos, and presentations.

By signing this release, I acknowledge that I have read and fully understand the above release and agree to the terms.

**Parent/Guardian’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian’s Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_