

# FAMILIES TOGETHER IN NATURE GROUP PHOTO RELEASE FORM

**EVENT:**

**EVENT DATE:**

**EVENT LOCATION:**

I grant \_\_\_\_\_, the right to take photographs of me and my family in connection with the above-identified event. I authorize \_\_\_\_\_, its assignees and transferees the right to copyright, use and publish these photographs in print and/or electronically.

I agree that \_\_\_\_\_ may use photographs of me with or without my name and for any lawful purpose, including but not limited to publicity, illustration, social media posts, advertising and online content.

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I have read and agree to the above:

I am an adult Participant.

I am the parent or guardian of a Participant under the age of 18.

**SIGNATURE**

\_\_\_\_\_

**NAME**

\_\_\_\_\_

**ADDRESS**

\_\_\_\_\_

\_\_\_\_\_

**DATE**

\_\_\_\_\_