



PHOTO RELEASE FORM

509-550-2155 www.pendoreilleplayers.com

Please read through this form and fill out accordingly.

NAME:

CHILD NAME:

I AM allowing The Pend Oreille Players Association to use photos of myself and/or my child for all advertising purposes. (Website, ticketing site, social media accounts)

I am NOT allowing The Pend Oreille Players Association to use photos of myself and/or my child for all advertising purposes. (Website, ticketing site, social media accounts)

By signing this form, I acknowledge the terms and conditions of the Pend Oreille Players Association.

CONTACT DETAILS

PARENT/GUARDIAN

PHONE

E-MAIL

ADDRESS

Signature

-or-

Signature of parent/guardian

Pend Oreille Players Association
509-550-2155