

# MINOR (CHILD) PHOTO RELEASE FORM

I, \_\_\_\_\_, the parent or legal guardian of  
\_\_\_\_\_ [Child] grant ACTION Coalition  
[Party Receiving Permission] my permission to use the photographs described as  
\_\_\_\_\_ [Describe Photographs] for any legal use,  
including but not limited to: publicity, copyright purposes, illustration, advertising, 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's Signature:  Date \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**\*Parents, this form is a photo release for our social media  
platforms!**