

**RELEASE FORM FOR PARENTS/GUARDIANS**

Your signature on this form gives the American Iris Society permission to print your child's photo and/or name in our publications, including on our websites and on social media. We want to encourage your child's participation in AIS programs and celebrate their success, while also protecting their private information. Because the AIS cannot control who will have access to such information once published, we want to make sure we have your permission to share it.

You can revoke your permission at any time, although we will rely on this Release Form until you notify us by email and your email is received. Send your email to:

\_\_\_\_\_

Please check the box(es) below indicating your consent:

**1-** I CONSENT to the American Iris Society's use of my child's photograph/image in its publications, including on its website and in social media.

**2-** I CONSENT to the American Iris Society's use of my child's full name in its publications, including on its website and in social media.

Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of any such use.

Name of child/children: (please print) \_\_\_\_\_

Age(s): \_\_\_\_\_

Print name of Parent/Guardian: (print) \_\_\_\_\_

Signature of Parent/Guardian: (sign) \_\_\_\_\_

Date: \_\_\_\_\_