



Photo and Video Release Form

I _____, the parent or legal guardian of _____ (Child), hereby grant and authorize Petal Healing Garden the right to take, edit, alter, copy, exhibit, publish, distribute, and make use of any and all pictures or videos taken of my child, by Petal Healing Garden to be used in and/or for legally promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits, and submissions to journalists, websites, social networking sites, and other print and digital communications, without payment or any other consideration. This authorization extends to all languages, media, formats, and markets now known or hereafter devised. This authorization shall continue indefinitely unless I otherwise revoke said authorization in writing.

I understand and agree that these materials shall become the property of Petal Healing Garden and will not be returned.

Parent/Guardian's Signature

Date

Parent/Guardian's printed name

Child's Name

Phone Number

