



## MINOR (CHILD) PHOTO RELEASE FORM

*I grant permission to Darnestown Swim and Racquet Club and its seasonal summer camp: Camp Green Zone, its agents, and its employees the irrevocable and unrestricted right to produce photographs and video taken of my child, myself, and members of my family while at Darnestown Swim and Racquet Club and Camp Green Zone for any lawful purpose including publication, promotion, illustration, advertising, trade, or historical archive in any manner or in any medium by Darnestown Swim and Racquet Club and Camp Green Zone.*

*I hereby release Darnestown Swim and Racquet Club and Camp Green Zone and its legal representatives from liability for any violation or claims relating to said images or video.*

*Furthermore, I grant permission to use the statements of my child, myself, or my family members given during an interview or evaluation with or without my name for the purpose of advertising and publicity without restriction to time limit or geographic area. I waive my right, my child's rights, and my family's rights to any and all compensation stemming from the use of these materials.*

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

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

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

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