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# New Release Form for Minor Children

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## RELEASE FOR MINOR CHILDREN

I, (print name) \_\_\_\_\_ parent or legal guardian

of (print child's name) \_\_\_\_\_ hereby grant permission to the *Society of Mayflower Descendants in Michigan* (SMDM), to take and use: photographs and/or digital images of my child for use in society publications and newsletters. These materials may include printed or electronic publications, web sites, or other electronic communications. I further agree that my child's name and identity may be mentioned in descriptive text or commentary with or without connection to image(s). I authorize the use of these images without compensation. All negatives, prints and digital reproductions shall be the property of SMDM.

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Signature of Parent/Guardian

Date

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Signature of Parent/Guardian

Date

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Address

City

State

Zip Code

### OR

\_\_\_\_\_ I do not authorize the use of my child's name or initials to be used as specified above.

\_\_\_\_\_ I do not authorize the use of my child's photograph and/or digital image as specified above.

\_\_\_\_\_ I do not authorize any use of my child's photograph and/or digital image, nor name, initials, or any identifiers as specified above.

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Signature of Parent/Guardian

Date

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Please send completed form to:

Cindy M Schmitt,  
Michigan Society Historian for Juniors  
42623 Steepleview Street  
Northville, MI 48168