
New Release Form for Minor Children



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.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

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.

Signature of Parent/Guardian

Date

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Email _____

Please send completed form to:

Terri Kleinschmidt

Historian for Juniors

1453 Waterways Dr.

Ann Arbor, MI 48108-2757