



Photo Release Form

SIGNATURE MUST BE RECEIVED FOR THIS FORM TO BE COMPLETE

I hereby authorize Leadership Spokane to publish photographs taken of me and/or the undersigned minor children, and our names, for use in Leadership Spokane's printed publications and website.

I release Leadership Spokane from any expectation of confidentiality for the undersigned minor child and myself and attest that I am the parent or legal guardian of the child listed below and that I have the authority to authorize Leadership Spokane to use their photographs and names.

I acknowledge that participation in publications and website produced by Leadership Spokane confers no rights of ownership whatsoever. I release Leadership Spokane, its contractors, and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor child.

Print Name of Parent or Legal Guardian: _____

Parent Signature (required): _____ **Date:** _____

Street Address: _____

City, State, Zip: _____

Name and Age of Minor Child

Name: _____ **Age:** _____