

Town of Washington  
**MINOR PHOTO RELEASE FORM**

I, \_\_\_\_\_, parent or legal guardian of the identifiable minor child grant the town of Washington permission to use the photograph(s) submitted via the town website.

Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian name: \_\_\_\_\_

Child's name: \_\_\_\_\_

Contact information for parent/guardian: \_\_\_\_\_

**SUBMIT VIA EMAIL**