



PHOTO RELEASE FORM FOR MINORS (if under 18)

The Vets 4 Vets of Great Falls has my permission to use my or my child's photograph publicly in conjunction with the Vets 4 Vets Scholarship. I understand that the images will be used for print publication, online publication, presentation, websites, and social media. I understand that no royalties, payments, fees, or any other compensation for the photographs used will be paid to me or my child for their use.

Child's Name: _____

Parent or Guardian's Name: _____

Parent or Guardian's Signature: _____

Phone Number: _____ Date: _____

PHOTO RELEASE FORM FOR ADULTS

The Vets 4 Vets of Great Falls has my permission to use my photograph publicly in conjunction with the Vets 4 Vets Scholarship. I understand that the images will be used for print publication, online publication, presentation, websites, and social media. I understand that no royalties, payments, fees, or any other compensation for the photographs used will be paid to me for their use.

Adult's Name: _____

Adult's Signature: _____

Phone Number: _____ Date: _____