

Photo Release Form

I hereby grant permission to Midlakes Jr. Eagles to use photographs and/or video of \_\_\_\_\_ taken during the season in publications, news releases, online, and in other communications related to the mission of Midlakes Jr. Eagles.

\_\_\_\_\_  
(Signature of Adult or Guardian of Child under age 18)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_