



Movement to Wholeness LLC

PHOTO RELEASE FORM FOR MINOR CHILDREN

I hereby authorize Movement to Wholeness to publish photographs taken of the undersigned minor children, and/or names, for use in Movement to Wholeness' printed publications and website.

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

I acknowledge that participation in publications and website produced by Movement to Wholeness confers no rights of ownership whatsoever. I release Movement to Wholeness, 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 children.

Print Name of Parent or Legal Guardian: _____

Signature: _____ Date: _____

Street Address: _____

City, State, Zip: _____

Names and Ages of Minor Children:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____