



PHOTO RELEASE

PHOTO RELEASE FORM

Instructions: Please complete the attached form and mail or email all documents to the address listed below.

I, _____ hereby grant the Kylie Rowand Foundation permission to publish: (please check one)

My Photograph(s)

My Child's Photograph(s) Child's Name: _____

The photograph(s) will be published in agency publications, for public relations purposes, social media and/or on the agency website located at www.kyliestrong.org.

I understand that I have the right to request, in writing, removal of the photo from the website and/or other agency publication within 30 working days of receipt of the request by Kylie Rowand Foundation.

I understand that this photo may be used in agency publications and/or on a website designed to promote the agency's services as well as offer information and resources. The Kylie Rowand Foundation is a non-profit organization, currently pending 501(c)(3) tax exemption status.

By signing below, I acknowledge my understanding of the above and grant my permission for use of the photograph(s).

Name (Please Print)

Date

Signature (Parent/Guardian if Minor)

Date

You may submit your completed Photo Release Form via Mail or Email

Mail

2710 Alpine Blvd. PMB #128, Alpine, CA 91901

Email

info@kyliestrong.org

For more information about the Kylie Rowand Foundation, please visit our website

www.kyliestrong.org