



## PHOTO RELEASE FORM

*The Havre de Grace Arts Collective would like to use photographs from its programs on our website and social media.*

Child's Name: \_\_\_\_\_

\_\_\_ I give permission for my child to be included in photographs for the Havre de Grace Arts Collective's website and social media.

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian's Printed Name

\_\_\_\_\_  
Email

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***(For participants/volunteers over 18 years of age)***

Name: \_\_\_\_\_

\_\_\_ I give permission to be included in photographs for the Havre de Grace Arts Collective's website and social media.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Email