

Photo Release Form for Minors (if under 18)

The American Legion has my permission to use my or my child's photograph publically to promote Memorial Day, Veterans Day and/or American Legion. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's signature: _____ Date _____

Parent/Guardian's Name: _____

Child's Name: _____

Phone Number: _____

Photo Release Form for Adults

The American Legion has my permission to use my photograph publically to promote Memorial Day, Veterans Day and/or American Legion. Further, I declare the submitted photograph(s)/collage to be at least 90% original content and that I have acquired the appropriate photo release information from the originating source. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Signature: _____ Date _____

Name: _____

Phone Number: _____