

MINOR (CHILD) PHOTO RELEASE FORM

I/We, _____, the parent(s) or legal
guardian(s) of _____ [name of child/children]
_____ [name of child/children]
_____ [name of child/children]

_____ grant Patricia Willocq (the photographer) to publish the pictures of my
children and our family online

_____ grant Patricia Willocq (the photographer) to publish the pictures of my
children and our family online on a private gallery and with password

_____ do not grant Patricia Willocq (the photographer) to publish the pictures of my
children and our family online

The pictures were taken on _____ and the permission given is unlimited
in time.

Parent/Guardian's Signature: _____

Date _____

Phone Number: _____

Email address: _____

