



Photo/Video Release Form

I, _____, consent to the unrestricted use, by HelpLine of Delaware and Morrow Counties, Inc. and/or Connections Volunteer Center, of any and all photographs taken, in whole or in part, unlimited use, for all purposes in any form or medium, including without limitation, its use through or on any electronic media.

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_____ I am over the age of 18. I have read the above and fully understand its contents.

_____ I am the parent or guardian of a minor. I have read the above and fully understand its content. I hereby grant permission to my child's/ward's photograph(s) to be use in the manner specified above.

Name (please print) _____ Age _____

Minor's Name(s) if applicable _____

Address/City/Zip _____

Telephone _____ E-mail _____

Signature _____ Date _____

Relation to subject (if subject is a minor) _____

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