



ST. CROIX VALLEY MASTER GARDENERS ASSOCIATION CHILD PHOTO RELEASE CONSENT FORM

I hereby give permission for the St. Croix Valley Master Gardeners Association (SCVMGA) to use the name of my child and/or his/her photograph and/or videotape for educational, informational and promotional purposes in print and/or electronic media, including the SCVMGA website. I may at any time withdraw permission for photos and/or videos of my child to be used by contacting StCroixValleyMGA@gmail.com.

Name of Child(ren): _____
(please print)

Name of Project/Event/Location: _____

Date of Photo: _____

Photographer Name: _____

I am the parent or guardian of the minor(s) named above, and have the legal authority to execute the above release.

Full Name (please print): _____

Signature: _____

Address: _____

Email: _____

Telephone: _____ *Date:* _____