

# Absecon Blue Devils

## PHOTO RELEASE FORM

I hereby grant permission to (*Absecon Blue Devils*) to use photographs and/or video of \_\_\_\_\_ (child's name) in publications, news releases, online, and in other communications related to the mission of (*Absecon Blue Devils*).

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(Signature of Adult, or Guardian of Children under age 18)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

Email Address (optional) \_\_\_\_\_

**Thank you!**