

# CAMP FLOW MINOR PHOTO RELEASE FORM

I, \_\_\_\_\_, the parent or legal guardian of  
\_\_\_\_\_ [Child] grant Flow Loves You Foundation, its  
agents, and its employees the irrevocable and unrestricted right to produce  
photographs and video taken of my child while under the care and supervision of  
Flow Loves You Foundation for any lawful purpose including publication,  
promotion, illustration, advertising, trade, copyright purposes, web content or  
historical archive in any manner or in any medium. I hereby release Flow Loves  
You Foundation and its legal representatives from liability for any violation or  
claims relating to said images or video. Furthermore, I grant permission to use  
the statements of my child given during an interview or evaluation with or without  
my name for the purpose of advertising and publicity without restriction to time  
limit or geographic area. I waive my right, my child's rights, and my family's rights  
to any and all compensation stemming from the use of these materials.

**Parent/Guardian's Signature:** \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_