

**PHOTO RELEASE FORM**

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

I do hereby authorize Defiance College to use for publication purposes any photographs of my child taken while participating in an authorized Defiance College-sponsored activity or class.

I do hereby waive any right that I may have to inspect or approve the finished product that may be used in connection therewith or the use to which it may be applied.

I am the parent or legal guardian of the child named above and have the legal authority to execute the above release. I approve the foregoing and waive any rights in the premises.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_