



**Photo Authorization and Release Form for Parents, Legal Guardian or Minor Children**

Name of Person in Photo: \_\_\_\_\_

Date \_\_\_\_\_

Name of Family-Run Organization: \_\_\_\_\_

Family-Run Organization Point of Contact: \_\_\_\_\_

E-mail: \_\_\_\_\_

I hereby authorize Family-Run Executive Director Leadership (FREDLA) to use photos of me and/or the undersigned minor children. I understand my photo may be used on FREDLA's website, FREDLA's Children's Mental Health Awareness activities, and/or for training purposes.

I release FREDLA from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize FREDLA to use their photographs.

I acknowledge that since participation is voluntary, neither the minor children nor I will receive financial compensation.

I further agree that participation in the website, Children's Mental Health Awareness activities, and/or trainings produced by FREDLA confers no rights of ownership whatsoever. I release FREDLA, its contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

Signature of Parent/Guardian: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Names and Ages of Minor Children:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_