

NWPC Photo Release Form

Date: _____

I am the parent or legal guardian of the following child(ren) under 18 years of age, and I give permission for their images to be published. No child under 18 years of age will be identified by name.

Child's name: _____

Child's name: _____

Child's name: _____

Child's name: _____

Adult's name (print): _____

Adult's signature: _____