

Photo Release Form for Minor Children

I, _____ hereby authorize the The Brotherhood to publish the photographs taken of me and/or the minor children listed below, and our names, for use on the Brotherhood Website

Parents phone number: _____

Parents email: _____

Signature of Parent/Guardian: _____ Date: _____

Street Address: _____

City, State, Zip: _____

Names and Ages of Minor Children:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____