

**JUNIOR FRONTIERS OF THE MOHAWK VALLEY  
PHOTO RELEASE FORM**

I \_\_\_\_\_, THE PARENT/LEGAL GUARDIAN OF  
\_\_\_\_\_, HEREBY GIVE MY PERMISSION TO  
ALLOW THE JUNIOR FRONTIERS OF THE MOHAWK VALLEY, ITS PARENT  
ORGANIZATION THE MOHAWK VALLEY FRONTIERS INTERNATIONAL, ITS  
DISTRICT AND NATIONAL ORGANIZATIONS, AND ITS PARTNERS, TO USE  
PICTURES AND THE LIKENESS OF MY CHILD IN ANY AND ALL OF THEIR  
MEDIA PACKAGES, PICTURE AND VIDEO DISPLAYS, NEWS RELEASES, ALL  
OTHER TYPES OF PUBLICATIONS OF MY CHILD, INTENDED TO SHOW THE  
ACTIVITIES OF THE ORGANIZATION, RAISE FUNDS FOR ITS PROGRAMING  
AND OTHERWISE PROMOTE THE WELL BEING OF THE MOHAWK VALLEY  
FRONTIERS INTERNATIONAL AND ITS YOUTH PROGRAM, THE JUNIOR  
FRONTIERS OF THE MOHAWK VALLEY. I HEREBY RELEASE THE PARTIES  
NAMED ABOVE FROM ANY AND ALL LIABILITY STEMMING FROM THE USE  
OF MY CHILD'S PICTURE OR LIKENESS.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE & DATE

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STUDENT SIGNATURE & DATE