Minor Child Photo Release Form

**Chemical Education Xchange Photo Release Form**

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In consideration of my minor child/dependent being a photo subject, I hereby give complete and irrevocable right and permission to Chemical Education Xchange and Chemical Education Xchange agents, licensees, and assignees to use, re-use, copy, reproduce, publish, and republish in whole or in part, individually or in conjunction with other photographs, the pictures taken of my minor child. 

I understand that these photographs may be used as a composite or may be distorted in character or form, and may be used without restriction as to changes or transformations in conjunction with my child’s name, made through any and all media now or hereafter known for any purpose whatsoever.

Similarly, I hereby grant and assign all rights, title and interest which I may have in and to such photographs to the above-named web site publication, and release and discharge Chemical Education Xchange from any and all claims, demands, or liabilities arising out of or in conjunction with the use of the photographs, including any and all claims for libel or invasion of privacy. I also release and forever discharge Chemical Education Xchange’s agents, licensees, and assignees from any and all claims that I may have that relate in any way to the use of the publication of my child’s photograph.

I represent that I am the parent and/or legal guardian of the model named below, and I hereby consent to the foregoing on their behalf. I have read the foregoing and fully understand its contents. This agreement shall be binding upon me and my heirs, legal representatives and assigns.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated this \_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

Minor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print)

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

               \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_