



PHOTO RELEASE

I, _____ parent/guardian name, (please print)

Irrevocably consent to give full authorization to the Easton Foundations the right and permission to use my son's/daughter's photograph(s) in its promotional materials and publicity efforts.

I understand that the photograph(s) may be used in publications, print ads, and electronic media (e.g., video, CD-ROM, Internet, World Wide Web, etc...) or other forms of promotion. I release the Easton Foundations, photographer(s) their officers, employees, agents and designees from liability for any violation of any personal or proprietary right I may have in connection with such use.

Name of Minor:		
Street Address:		
City:	State:	Zip:
Phone:		
Signature of Parent/Guardian:		
Date:		