

**PHOTO RELEASE**

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Permission is hereby granted to The American Red Cross to use the video-taped images, photographs and quotation(s) of my son/daughter to assist in the community awareness, educational efforts, and related public relations purposes that may include brochures, posters, website, DVD/video and print media from Red Cross events/activities.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Chapter Executive Director

\_\_\_\_\_  
Date