

Project Make It

PHOTO/VIDEO RELEASE FORM

I give permission to Project Make It to use my/or my child's image/photograph for publicity or promotional purposes without compensation, including social media outlets, such as Facebook. I understand that my/my child's name, photograph and/or video of my child may be distributed to local/regional media for promotional/public relation purposes.

Mini Golf Competition 2020

Program

_____ (Child's) Name

_____ Name of Parent/Legal guardian (if under 18)

(____) _____
Emergency Telephone Number

_____ Signature (of Parent/legal guardian if under 18)

_____ Date of Signature

If you would like to receive information about future programs and discounts, please provide the following information: Name: (Please Print) _____

Address: _____ City: _____ State: _____ ZIP: _____

E-mail: _____ Child's Birthdate: ____/____/____