

PHOTO RELEASE FORM

VETERANS OF FOREIGN WAR AUXILIARY

I, _____ hereby authorize the use of my photograph for publication by VFW Auxiliary _____, including, but not limited to VFW Auxiliary social media sites, websites, brochures, newsletters, e-newsletters and videos.

Name of adult (printed)

Signature of Adult

Date

VFW Auxiliary Representative

Date

PHOTO RELEASE FORM

VETERANS OF FOREIGN WAR AUXILIARY

I, _____ hereby authorize the use of my child's photograph for publication by VFW Auxiliary _____, including, but not limited to VFW Auxiliary social media sites, websites, brochures, newsletters, e-newsletters and videos.

Name of child (printed)

Signature of Parent or Guardian

Date

VFW Auxiliary Representative

Date

PHOTO RELEASE FORM

VETERANS OF FOREIGN WAR AUXILIARY DEPARTMENT OF OREGON

I, _____ hereby authorize the use of my child's photograph for publication by VFW Auxiliary Department of Oregon, including, but not limited to VFW Auxiliary social media sites, websites, brochures, newsletters, e-newsletters and videos.

Name of child (printed)

Signature of Parent or Guardian

Date

VFW Auxiliary Representative

Date

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VETERANS OF FOREIGN WAR AUXILIARY DEPARTMENT OF OREGON

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Name (printed)

Signature

Date

VFW Auxiliary Representative

Date