



Photo Release Form

I _____ hereby authorize and confirm that Wisconsin DeMolay staff have the right to use my (or my child if the participant is under the age of 18) image if necessary for all of the following: promoting, advertising, print publications, internet publication, and any other lawful purposes. I also agree that all photos are property of Wisconsin DeMolay. I also agree that all photos taken must be associated with a DeMolay sponsored event and any other images may not be used. I also certify that I am of at least 18 years of age or older.

This photo release is for an:

Active DeMolay Senior DeMolay Advisor Other

Full Name of Participant: _____

Participant Signature: _____

Parent/Guardian Signature (if Participant is younger than 18):

Date: _____

Phone #: _____ Email: _____