



Photo and Video Release Form for Minors (under 18 years)

Parent name/Legal Guardian: _____

Street Address: _____

City: _____ Province: _____ Postal code: _____

Email: _____

Cell: _____ Home/work: _____

Names and Ages of Minor Children: (Legal First and Last name). Indicate if photos & videos can be used on creArt's social media platforms.

Name: _____ Age: _____ [] yes [] no

Name: _____ Age: _____ [] yes [] no

Name: _____ Age: _____ [] yes [] no

Name: _____ Age: _____ [] yes [] no

I hereby [] authorize [] do not authorize **creArt Foundation** to publish photographs taken of me and/or the undersigned minor children, and our names (first name, last initial ONLY), for use in the **creArt Foundation** printed publications, website and social media sites. If I choose to authorize, I release **creArt** Foundation from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the child(ren) listed below and that I have the authority to authorize **creArt** Foundation to use their photographs, videos and names (first name, last initial ONLY). If I do not authorize, creArt Foundation is required to keep my child's name and mine strictly confidential.

I acknowledge that participation in publications, website and social media, **creArt** Foundation confers no rights of ownership whatsoever. I release **creArt** Foundation, its contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

Parent/Legal Guardian signature

Date signed MM/DD/YYYY