



## PHOTO RELEASE FORM (Minor/Child)

I hereby give permission for images of my child, captured via standard and/or digital photography and videography, to be used solely for the purposes of ASTA publications and promotional materials, and waive any rights of compensation or ownership thereto.

**Name of Photo Subject/Participant (please print):** \_\_\_\_\_

**Name of School Group Participating In (please print):** \_\_\_\_\_

**Name of Parent/Guardian (please print):** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Note: Please forward a completed copy of this form to the ASTA National Office:

ASTA  
ATTN: National Conference  
4155 Chain Bridge Road  
Fairfax, VA 22030

Please do not write below this line.

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FOR ASTA USE ONLY:

Re: \_\_\_\_\_  
(title of book/publication in which photo will appear)

Submitted by: \_\_\_\_\_  
(ASTA representative)