

Miracles for Mya



Miracles for Mya Photography/Social Media Authorization Release Form

www.MiraclesforMya.org

I hereby grant to Miracles for Mya the irrevocable and unrestricted right to use and publish photographs of me, or in which I may be included, for library publications, electronic reproductions (websites) and/or promotional materials or any other purpose and in any manner or medium. In addition, I grant my permission to alter the same without restrictions; and to copyright the same. I hereby release the photographer and Miracles for Mya from all claims and liability relating to said photographs.

Print Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Phone: _____

For persons under the age of 18:

I, _____, am the parent/legal guardian of the individual named above;
I have read this release and approve of its terms.

Print Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Phone: _____